

**REGISTRATION ISSUANCE BOND
MOTOR VEHICLE DEALER**
D-47 REV. 1-2003

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS DIVISION
60 STATE STREET, WETHERSFIELD, CT 06161
On The Web At: <http://dmvct.org>



BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Principal,
and _____ of _____,
a Corporation organized and existing under the laws of the State of _____ and authorized to do
business in the State of Connecticut, as Surety, are held and firmly bound into the Commissioner of Motor Vehicles,
and his successors in office, as trustees for the benefit of those who may have suffered loss of Motor Vehicle
Department fees paid to _____, for the payment of which the said Principal and Surety
do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and
each and every of them, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

Whereas, the said _____ is the licensed Motor Vehicle Dealer
pursuant to the statutes of the State of Connecticut and has been required by regulations of the Commissioner of Motor
Vehicles to file a surety bond in the amount of _____ Dollars () for any monetary loss suffered
by the Commissioner of Motor Vehicles by reason of the failure of the Principal to remit any fees collected by the
Principal on behalf of the Commissioner of Motor Vehicles for the issuance of Motor Vehicle Registrations.

Provided, however, that the liability of the Surety may be terminated by giving thirty days written notice thereof, by
registered or certified mail, to the Commissioner of Motor Vehicles and upon giving such notice, the Surety shall be
discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of
thirty days from the date of service of such notice.

It is an express condition of this obligation that the liability of the Surety shall be limited to the amount of fees not
remitted by the Principal, and in no event shall the liability of the Surety exceed _____ Dollars ().

Now therefore, if the Principal shall fully comply with the regulations of the Commissioner of Motor Vehicles
pertaining to the remittance of Motor Vehicle Registration fees then this obligation shall be null and void; otherwise
to remain in full force and effect.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this
_____ day of _____.

The Signature of **Principal and Surety** must be witnessed. If executed by a Surety Company, a
current Power of Attorney for the Surety's attorney-in-fact must be attached to this bond.

PRINCIPAL AND WITNESS SIGNATURES

| | | |
|-----------------------------------|--------------------|------------------------|
| SIGNATURE OF WITNESS OF PRINCIPAL | NAME OF PRINCIPAL: | SIGNATURE OF PRINCIPAL |
| | | X |

X ATTORNEY-IN-FACT AND WITNESS SIGNATURES (Surety Company)

| | |
|------------------------------------------|-------------------------------|
| SIGNATURE OF WITNESS OF ATTORNEY-IN-FACT | NAME OF SURETY: |
| PRINTED NAME OF ATTORNEY-IN-FACT | SIGNATURE OF ATTORNEY-IN-FACT |
| X | X |

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____

AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____

AGENCY ADDRESS: _____ City: _____ State: _____ Zip: _____

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

| ASSETS | | LIABILITIES | |
|---------------------------|-----------------------------------|--------------------------------------|--|
| CASH IN BANK | | NOTES PAYABLE TO BANKS | |
| CASH ON HAND | | NOTES TO OTHERS (excl. of equipment) | |
| STOCKS AND BONDS | | ACCOUNTS PAYABLE | |
| ACCOUNTS RECEIVABLE | | FEDERAL & STATE INCOME TAX DUE | |
| NOTES RECEIVABLE | | ALL OTHER TAXES | |
| INVENTORY | | ACCRUALS, PAYROLLS, ETC. | |
| CASH VALUE LIFE INSURANCE | | | |
| EQUIPMENT | | DUE ON EQUIPMENT | |
| REAL ESTATE | | DUE ON REAL ESTATE | |
| OTHER ASSETS | | OTHER LIABILITIES | |
| | | CAPITAL STOCK (if a corporation) | |
| | | SURPLUS AND UNDIVIDED PROFITS | |
| | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES | |
| | | NET WORTH | |
| | | | |
| Name of Owners | Name and Title of Officers | % OWNERSHIP IN COMPANY | |
| | | | |
| | | | |

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

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Phoenix, AZ 85015

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