

PERFORMANCE BOND

BOND FOR: _____
Manufactured/Mobile Home Installer

BOND NUMBER: _____
AGENT: _____

(Name)

(Address)

(City, State and Zip Code)

(Phone Number)

KNOW ALL MEN BY THESE PRESENTS:

That we _____ as principal and _____ a surety company qualified to do business in the State of Florida, as surety are held and firmly bound unto the duly appointed and qualified Director of the Division of Motor Vehicles of the State of Florida, Department of Highway Safety and Motor Vehicles, and the successors in office of said Director in the penal sum of Five Thousand Dollars, for the payment whereof well and truly to be made, we do hereby jointly and severally bind ourselves, our heirs, legal representatives, successors and assigns, firmly by these presents.

Signed and sealed this _____ day of _____, 20____.

The condition of the above obligation is such that:

WHEREAS, the above named principal has made to the obligee hereunder application for a license, under Section 320.8249, Florida Statutes, to engage in the business of mobile home installation, and

WHEREAS, the above named principal is required as a condition precedent to his appointment as such installer to deliver annually to the obligee hereto a good and sufficient surety bond for the license period conditioned upon proper performance of mobile home installation and weather sealing duties.

WHEREAS, such bond shall be in favor of any person who shall suffer any loss as a result of any violation of the conditions hereinabove contained.

NOW, THEREFORE, if the above named principal shall properly perform all mobile home installation and weather sealing duties undertaken, and such installer shall pay or cause to be paid to any person any loss or damages which such person shall sustain as a result of any failure to comply with the conditions set forth herein, then this obligation shall be void, otherwise to remain in full force and effect.

This bond becomes effective as of _____, in support of a license issued for the term ending _____, and may be continued by certificate each year in support of any license issued for any subsequent year.

Provided, however, that the aggregate liability of the surety hereunder shall in no event, in any one (1) year, exceed the sum of the bond.

Provided, further, the surety shall have the right to terminate its liability hereunder by serving written notice of its election so to do, by United States registered mail, upon the obligee, and thereupon the surety shall be discharged from any liability hereunder for any default of the principal, after the expiration of thirty (30) days from and after service of such notice.

The premium anniversary date on this bond shall be the first day of October 20____.

APPROVED:

_____, Director
Division of Motor Vehicles

Principal

Surety

BY: _____

BY: _____
Attorney-in-Fact Surety

HSMV-81402 (7/00)

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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM