

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY
SAFETY and MOTOR VEHICLES

DIVISION OF MOTOR VEHICLES
2900 APALACHEE PARKWAY
ROOM A312, Mailstop #65
TALLAHASSEE, FLORIDA 32399-0500



SURETY BOND
RECREATIONAL VEHICLE
MANUFACTURER, DISTRIBUTOR,
IMPORTER OR VAN CONVERTER

KNOW ALL MEN BY THESE PRESENTS:

BOND NUMBER: _____

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, and the successors in office of said Director, in the penal sum of Ten 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 _____, _____.

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 320.8225, Florida Statutes, to engage in the business of a recreational vehicle manufacturer, distributor, importer or van converter in this state, or who manufactures, distributes, or imports recreational vehicles or van conversions out of state, which are ultimately offered for sale in this state.

WHEREAS, the above named principal is required as a condition precedent to his appointment as such manufacturer, distributor, importer or van converter to deliver annually to the obligee hereto a good and sufficient surety bond for the license period for protection of any retail customer who shall suffer any loss as a result of any failure to comply with the conditions of any written contract made by such manufacturer, distributor, importer or van converter in connection with the manufacture, distribution, importation or van conversion or sale of any recreational vehicle or van conversion as a result of any violation of the provisions of Chapter 319 or 320, Florida Statutes, in the conduct of the business for which he/she is licensed.

NOW, THEREFORE, if the above named principal shall fully comply with the conditions of any written contract made by him/her as such manufacturer, distributor, importer or van converter in connection with the manufacture, distribution, importation or van conversion or sale of any recreational vehicle or van conversion and shall pay or cause to be paid to any retail customer any loss or damages which any retail customer shall sustain as a result of any failure to comply with the conditions of any written contract made by such manufacturer, distributor, importer or van converter in connection with the manufacture, distribution, importation or van conversion or sale of any recreational vehicle or van conversion or as a result of any violation of the provisions of Chapter 319 or 320, Florida Statutes, in the conduct of the business of which he is licensed, then this obligation shall be void, otherwise to remain in full force and effect.

Such bond shall become effective as of _____, _____, and shall be for the license period ending September 30, _____. A new bond shall be delivered to the Division of Motor Vehicles at the beginning of each license period.

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 to do so, 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.

NAME OF BUSINESS (SEAL)

SIGNATURE OF SURETY AGENT (SEAL)

SIGNATURE OF PRINCIPAL

ADDRESS OF SURETY AGENT

NAME OF SURETY BOND COMPANY

CITY/STATE/ZIP CODE

ADDRESS OF SURETY BOND COMPANY

TELEPHONE NUMBER

CITY/STATE/ZIP CODE

TYPED NAME OF SURETY AGENT

TELEPHONE NUMBER

HSMV 86051 (Rev. 06/07)

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