



Suggested Format for Florida Sales and Use Tax Surety Bond

DR-17B R. 11/15

Surety Bond

State of Florida County of _____ Bond Number _____

_____ , having a place of business in _____ , _____ County, Florida, Certificate of Registration number: _____

as principal (Certificate Holder), and _____ , a company authorized to conduct and carry on a general surety business in the state of Florida as surety (Surety), are bound to the Florida Department of Revenue on behalf of the state of Florida, in the sum of _____ Dollars (\$ _____) for the payment of which the Certificate Holder and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

The Certificate Holder acknowledges that (he, she, it) offers or plans to offer services and/or products subject to tax, discretionary sales surtax, fees, or surcharges imposed by or administered by the Department or Revenue pursuant to Chapter 212, Florida Statutes, and that this bond is conditioned upon compliance by Certificate Holder with the requirements of Chapter 212, Florida Statutes.

The Certificate Holder agrees:

- 1. To timely and faithfully collect and remit applicable taxes, surtaxes, fees and surcharges in a timely manner in accordance with the requirements of Chapter 212, Florida Statutes.
2. If the Certificate Holder is more than 30 days delinquent in the payment of any applicable tax, surtax, fee, surcharge, interest, or penalty the Department of Revenue may provide written notice of such delinquency to the Certificate Holder and Surety at the following addresses:

Certificate Holder

Surety

- 3. Upon written notification by the Department of Revenue of an existing outstanding assessment of any tax, discretionary sales surtax, fees, surcharges, penalty, or interest by the Certificate Holder, the Surety shall have 30 days to pay the Department of Revenue all outstanding assessments, and all costs and attorney's fees, including from appellate proceedings that the Department sustains in collecting on the delinquency or assessment.
4. Surety shall have the right, upon sixty (60) days written notice to the Department and the certificate holder, to cancel this bond. The bond will be cancelled sixty (60) days after the Department receives notification. Surety is liable for acts committed by the principal and covered by the terms of this bond until it is cancelled.

SIGNED this _____ day of _____ 20_____.

Surety Company: _____
Serial # of Bond _____
Company _____
Address _____

Principal: _____
by _____

Telephone Number _____

By: _____

As Attorney in Fact

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