

SURETY BOND FOR IGNITION INTERLOCK PROVIDER CENTER

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Name of Provider Center Including the Legal Name and any D/B/A Name)

as Principal, and _____
(Full Name of Insurance Company)

a corporation or partnership organized and existing under the laws of the State of _____

and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

WHEREAS, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate an IGNITION INTERLOCK PROVIDER CENTER under the provisions as set out in Georgia Law O.C.G.A. 43-12A-1; representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of Georgia Law O.C.G.A. 43-12A-1 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law, O.C.G.A. 43-12A-4, Paragraph (3), for the protection of the contractual rights of individuals required to maintain an ignition interlock device who enter into the annexed contract with:

(Name of Ignition Interlock Provider Center and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, _____.

ATTEST:

Principal

Witness Countersigned

Name

Resident Agent of Georgia

Signature

Address of Resident Agent

By: _____
Attorney-in-Fact

Telephone Number

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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