



**STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
& USED MOTOR VEHICLE PARTS DEALERS
USED PARTS DIVISION
STATE OF GEORGIA
BOND**

BOND NUMBER: _____ **COUNTY** _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____, as Principal, and

_____ as surety, are held and firmly bound unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TEN THOUSAND AND NO/100 (\$10,000) DOLLARS**, for the use and benefit of any purchasers of any used motor vehicle and their vendees or successors in title, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____, and ending on the 31st day of December, _____.

Whereas, the above bound _____, Principal and Dealer, has made application to the State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers for a license as a used motor vehicle parts dealer in accordance with the laws governing State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall promptly pay all loss, damages, and expenses that may be sustained by any purchaser of any used motor vehicle or part, his vendees or successors in title, that may be occasioned by reason of any fraudulent misrepresentations as to liens or titles or by any breach of any warranty as to liens or titles of such used motor vehicle or part being sold, then the bond is to be void, otherwise, it is to remain of full force and effect.

It is a further condition that every person entitled to the protection of this Bond who has not been reimbursed for all loss, damages, or expenses occasioned by reason of any fraudulent misrepresentation as to liens or titles or by any breach of warranty as to liens or titles of such used motor vehicle or part being sold shall have the right to sue on this Bond for amount of said loss, damages, and expenses unpaid at the time of the commencement of such action and to prosecute such action to final execution and judgment for the sum due him/her.

It is agreed that this Bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-47-8(g) et seq. Governing the registration of used motor vehicle dealers and used motor vehicle parts dealers in Georgia, and is intended to be and shall be construed to be a Bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal, this _____ day of _____.

Signature of Licensee (Principal)

Surety – Name of Comp any

Countersigned:

Address

Resident Agency

By Attorney-in-Fact

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION CLAUSE – “No licensee shall cancel, or cause to be cancelled, a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.” O.C.G.A. Section 43-47-8(i)

Rev 04/03

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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