## Georgia Secretary of State Professional Licensing Boards Division

#### **Used Motor Vehicle Dealers License**



# STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS AND USED MOTOR VEHICLE PARTS DEALERS USED MOTOR VEHICLE DIVISION

### **BOND INFORMATION**

BOND NUMBER:	COUNTY
LICENSED LOCATION ADDRESS:	
KNOW ALL MEN BY THESE PRESENTS that we,	as surety, are held and firmly bound unto HIS EXCELLENCY, of THIRTY-FIVE THOUSAND AND NO/100 (\$35,000) DOLLARS, cle and their vendees or successors in title, for the payment of
It is further understood and agreed that this bond is for a period b ending on the 31st day of March,	eginning on the day of, and
Whereas, the above bound	, Principal and Dealer, has r Vehicle Dealers and Used Motor Vehicle Parts Dealers for a vs governing the used motor vehicle dealers of the State of Georgia:
conditions of any written contract or written warranty by such dea any motor vehicle and shall pay all loss, damages, and expenses	that may be sustained by any purchasers of any used motor fraudulent misrepresentation as to liens against or titles to any used
	ccordance with the provisions of O.C.G.A. Section 43-47-8(g) et d used motor vehicle parts dealers in Georgia, and is intended to be rements thereof.
IN WITNESS WHEREOF, the Principal and Surety have cathis day of	aused these presents to be duly signed and executed under seal,
Name of Surety Company	Signature of Licensee (Principal)
Address, City, State, Zip	
Countersigned:Resident Agency	By Attorney-in-Fact

NOTE: BOND MUST BE SIGNED and the 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).

## **Surety Bond Application**

AGENCY NAME:	AGENCY CONTACT:					
	AGENCY FAX:AGENCY EMAIL:					
AGENCY ADDRESS:			State:	Zip:		
CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?						
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?						
<b>SECTION I:</b> 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 S	S#:	Ho	me Phone: ( )			
Residence Address:	City:	St	ate:	Zip:		
Business Name:						
Business Phone: ()	Business Fax: (	)	E-mail:			
Business Address:	City:	St	ate:	Zip:		
Date Business BEGAN under present Individ	ual or Firm Name:		BUSINESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS						
FOR ANY PURPOSE?  YES NO AGAINST YOU?  YES NO AGAINST YOU?						
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 S	SS#:	PHON	E:		
HOME ADDRESS:	City:		state:			
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)						
STATEMENT OF ASSETS AND LIABILITIES AS OF						
ASSETS CASH IN DANK		NOTES DAVABLE TO	LIABILITIES	<u> </u>		
CASH IN BANK CASH ON HAND		NOTES PAYABLE TO BANKS  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 FOUIDMENT				
REAL ESTATE		DUE ON EQUIPMENT DUE ON REAL ESTATE				
OTHER ASSETS		OTHER LIABILITIES				
		CAPITAL STOCK (if a corporation)				
		SURPLUS AND UNDIVIDED PROFITS				
TOTAL ASSETS		TOTAL LIABILITIES				
Name of Owners	Name and 1	NET WORTH itle of Officers % OWNERSHIP IN COMPANY				
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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