

# BOND OF LICENSED FUEL DISTRIBUTOR

Corporation       Partnership       Individual      \_\_\_\_\_ Bond Number

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_

a Corporation,  a Partnership,  an Individual organized and existing under the laws of the State of \_\_\_\_\_

with its principal office and place of business at \_\_\_\_\_ State of Idaho. as principal, and  
(Address) (City)

\_\_\_\_\_ a Corporate surety duly authorized to transact business at  
\_\_\_\_\_ in the State of Idaho, pursuant to Chapter 24, Title 63 are held firmly

bound unto the State of Idaho in full sum of (\$ \_\_\_\_\_) \_\_\_\_\_  
dollars for the payment of which, well and truly to be paid, we bond ourselves, our heirs, executors, administrators, successors, and  
assigns, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, The above principal has made, or is about to make application for permit, to operate as a licensed distributor of motor fuels  
in the State of Idaho, and with his surety aforesaid gives this bond pursuant to the provisions of Chapter 24, Title 63, of the Idaho  
Code, Motor Fuels Tax Law;

NOW THEREFORE, If the said principal shall:

1. File true reports in the time and manner required of licensed distributor of motor fuels by laws of Idaho now existing or which may hereafter be enacted;
2. Pay to the State Tax Commission, State of Idaho, any and all motor fuels excise taxes which are now or hereafter may be levied or imposed by the State of Idaho, in the time, and manner by law required, together with any and all penalties or interest accruing thereon;
3. Faithfully comply with the provisions of said Chapter 24, Title 63, of the Idaho Code, Motor Fuels Tax Law; and all other laws of the State of Idaho now existing or hereafter enacted applicable to licensed distributor of motor fuels in the State of Idaho, while engaged in business under the distributor's license issued, or any renewal thereof;

THEN, the above obligations shall be void; otherwise it shall remain in full force and effect.

The above named surety shall be released and discharged from any and all liability to the State of Idaho accruing on the bond after the expiration of thirty days from the date upon which such surety shall have filed with the State Tax Commission written request to be released and discharged. Provided, however, that such request shall not operate to relieve, release, or discharge such surety from any liability, already accrued, or which shall accrue before the expiration of said thirty-day period.

IN WITNESS WHEREOF, The principal, pursuant to due resolution of its board of directors, and said surety have hereunto set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Corporation

By \_\_\_\_\_

\_\_\_\_\_  
Title Principal

\_\_\_\_\_  
A Corporation (Seal)

\_\_\_\_\_  
Authorized Agent of Surety  
Residing at \_\_\_\_\_, Idaho.

(SURETY)

Bond forms change; this is for educational purposes only.

Attest: \_\_\_\_\_  
Its 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        |  |
|                           |                                   |                                      |  |
| <b>TOTAL ASSETS</b>       |                                   | <b>TOTAL LIABILITIES</b>             |  |
|                           |                                   | <b>NET WORTH</b>                     |  |
|                           |                                   |                                      |  |
| <b>Name of Owners</b>     | <b>Name and Title of Officers</b> | <b>% OWNERSHIP IN COMPANY</b>        |  |
|                           |                                   |                                      |  |
|                           |                                   |                                      |  |

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**  
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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
**Fax: (602) 674-8235**

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