



Vehicle Or Vessel Dealer Bond

ITD 3170 (Rev. 04-15)

Number _____

Executed pursuant to demand for Security under the Dealer and Salesman Licensing Act, *Chapter 16 Title 49 Idaho Code*.

KNOW ALL MEN BY THESE PRESENTS, that I/we (owner's name) _____ DBA (dealership's name) _____ as

Principal, and _____, a corporation duly authorized to transact surety business in the state of Idaho are jointly and severally held and firmly bound unto the state of Idaho to indemnify persons, firms, or corporations for loss suffered by reason of violation of the conditions hereinafter contained.

The amount of this bond is _____ (\$40,000 bond for all wholesale-only dealers, \$20,000 bond for all retail dealers, unless selling only motorcycles, ATVs, UTVs, or snowmobiles for which the bond is \$10,000).

The conditions of this obligation are that:

• The Principal shall not practice any fraud, make any fraudulent representation or violate any of the provisions of *Chapter 16 Title 49 Idaho Code* or rules and regulations promulgated by the Idaho Transportation Department; or the provisions of *Chapters 2, 4 and 5 Title 49 Idaho Code; Idaho Code 49-1418; Chapter 6 Title 48 Idaho Code*; or federal motor vehicle safety standards or odometer fraud during the time said Principal is licensed as a dealer.

• The Surety may terminate this bond in its entirety by giving 30 days written notice by certified mail to the Idaho Transportation Department in Boise, Idaho. A copy of said notice of termination shall be sent by certified mail by the Surety to the Principal hereunder.

In case of such cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said 30 days, but the liability of the Surety shall apply as above set out as to any acts or omissions that may have occurred prior to the effective date of such cancellation.

• The aggregate liability of the Surety shall be limited to the amount of this bond, regardless of the number of years this bond shall remain in effect and regardless of the number and amount of claims made thereon.

The above-named Principal may be issued a dealer's license, pursuant to the provisions of the Dealer and Salesman Licensing Act, *Chapter 16 Title 49 Idaho Code*.

IN WITNESS WHEREOF, we have set our hands and seals this _____ day of _____, _____.

Principal	Surety
Type or Print Name	Type or Print Name
Signature X	Signature X
Dealership's Location	Address
Idaho Phone Number	Phone Number

Acknowledgement of Surety

STATE OF _____)

COUNTY OF _____) §:

On this _____ day of _____, before me, a Notary Public in and for said county, personally appeared _____ personally known to me, who being

personally sworn, did say that (s)he is the duly sworn representative of the _____, a corporation duly organized and existing under the laws of the state of _____, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed, and executed on behalf of said corporation by authority of its Board of Directors, and further acknowledges that said instrument and the execution thereof be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

Notary Public Signature **X** _____

(SEAL)

Residing at _____

Bond forms change; this is for educational purposes only. My commission expires _____

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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