



Secretary of State
Second Division Motor Vehicles
Installment Surety Bond

**This space for use by
Secretary of State**

Secretary of State
Vehicle Services Department
Commercial & Farm Truck Division
501 S. Second St., Rm. 300
Springfield, IL 62756
217-785-1810
www.cyberdriveillinois.com

Surety bond # _____

KNOW all men by these presents, THAT; _____

as principal(s) (name and address of taxpayer; if partnership, names and addresses of all; if corporation, names and addresses of three officers), and _____

(full address of corporate surety; name and address of agent), duly licensed to do business in the State of Illinois, as surety, are held and firmly bound unto the People of the State of Illinois, in the penal sum of _____ Dollars, \$ _____ lawful money of the United States, well and truly to be paid unto said people of the State of Illinois, for the payment of which we bind ourselves, our heirs, executors, administrators and successors, and assigns jointly, severally and firmly by these presents said payment to be made on or before:

This bond must be completed for one type of registration only. Please check the appropriate box below and complete the date the second installment payment is due. If more than one type of registration is desired, a separate bond form must be completed for each type of registration.

- International Registration Plan – Oct. 1, 20 _____
- Fiscal – Jan. 1, 20 _____

and said payment represents the second half of fees due that date. THE CONDITION of the foregoing obligation is such that whereas the said principal(s) has (have) applied for or has (have) obtained registration on SECOND DIVISION MOTOR VEHICLES under installment provisions of 625 ILCS 5/3-816 both the principal(s), and the surety is firmly bound to the SECRETARY OF STATE OF ILLINOIS under the provisions of Section 5/3-816, AND THEREFORE the condition of the obligation is such that if the said principal will, timely and faithfully, perform his obligation by paying the second installment of license or registration fees, as provided for in Section 5/3-816, then this obligation is void and of no effect, otherwise to remain in full force and effect, and the **surety shall pay to the SECRETARY OF STATE the amount of the second installment due immediately upon notification by the SECRETARY OF STATE that said installment is due and has not been timely paid by the principal**, said bond cannot be cancelled during the registration year for which it is filed and the liability of the surety hereunder shall be absolute. Said surety causes to be affixed to this instrument his/her signature and power of attorney. IN WITNESS WHEREOF, we have duly executed the foregoing obligation this, _____ 20 ____ .

(Corporate Seal)

Surety

Individual, Partnership, Corporation

Surety

Name of Partner

By: _____

Name of Partner

Attorney in Fact

Name of Partner

ATTEST: _____

By: _____

Secretary

President

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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