



Secretary of State
Designated Agent Bond
for Illinois Vehicle Dealers

This space for use by
Secretary of State

Secretary of State
Vehicle Services Department
501 S. Second St., Rm. 069
Springfield, IL 62756

www.cyberdriveillinois.com

Dealer's Name _____

Account # _____

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, that we _____
_____ of _____

as Principal, and _____, a corporation organized and existing
under and by virtue of the laws of the State of _____, and authorized to become sole surety on
bonds in the State of Illinois, as surety, are held firmly bound unto People of the State of Illinois in the penal sum of Fifty Thou-
sand Dollars (\$50,000), lawful money of the United States, for payment of which, well and truly to be made, we bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, for the following lo-
cation: _____

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That WHEREAS, the above bounden Principal is required by law and ap-
plicable rules promulgated by the Secretary of State to collect and remit to the Secretary of State, State of Illinois, title and
registration fees and taxes, as a licensed Illinois vehicle dealer for the licensing period ending December 31, 20____.

NOW, THEREFORE, IF the said Principal shall well, truly and faithfully collect and remit the title and registration fees and taxes
that an Illinois vehicle dealer is required to collect and remit according to the Illinois Vehicle Code as now in effect or amended
or any subsequent law, and comply with all applicable rules promulgated by the Secretary of State then this obligation to be
void, otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, that the Surety hereby agrees to notify the Secretary of State at the following address thirty (30) days
prior to cancellation of this bond: Illinois Secretary of State, Dealer Licensing Section, 501 S. Second St., Rm. 069 Howlett
Building, Springfield, IL 62756.

IN WITNESS WHEREOF, said Principal has hereunto signed his or her name and said Surety has hereunto caused its name and
corporate Seal to be affixed by its duly authorized officer this _____ day of _____,
20_____.

Principal

Seal

Witness

Title

Witness

Surety

Title

Bond forms change; this is for educational purposes only.

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.

Worldwide Insurance Specialists, Inc
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Phoenix, AZ 85015

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