



Secretary of State Remittance Agent's Bond

This space for use by
Secretary of State.

Secretary of State
Vehicle Services Department
Dealer Services
501 S. Second St., Rm. 069
Springfield, IL 62756
217-782-2942
www.cyberdriveillinois.com

Please attach Power of Attorney and
Acknowledgement of Surety.

KNOW ALL MEN BY THESE PRESENTS, That _____
Applicant

Address, City, County

State of Illinois, as principal, and _____

of the City of _____, County _____, State of _____

as surety are held and firmly bound unto the people of the State of Illinois for the benefit of any remitter who delivers
money to the said principal as a Remittance Agent at _____

Location to be covered by this Bond

_____ for remittance to the State of Illinois or any of its instrumentalities
or political subdivisions, or to any of their officials, for the payment of vehicle taxes or vehicle registration or license fees, in
accordance with the provisions of "An Act to license and regulate the acceptance of money from the public for remittance, to provide
for the administration of this Act, and all applicable rules promulgated by the Secretary of State, to provide penalties for the violation
thereof and to make an appropriation therefore," as amended July 11, 1959, in the penal sum of \$ _____,
(The amount of said Bond shall be for the minimum of \$10,000 or a sum equivalent to the amounts of monies, rounded to the nearest
\$1,000, accepted for remittance by the licensee in the highest 15-day period during the fiscal year immediately preceding the year for
which the Bond is filed), for the 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.

The condition of the above obligation is such that whereas the above principal has applied for a license under the Remittance Agent
Act for the term ending December 31, _____, to transact the business of a Remittance Agent as provided by law under the
aforesaid Act and Rules, and if the principal shall, upon the issuance of the license aforesaid, pay all the obligations set forth above,
growing out of the conduct of the business specified in said Act, during the period for which the said license is issued, then this
obligation to be void; otherwise, to remain in full force and effect.

It is further expressly provided that suit may be brought in any court of competent jurisdiction upon this bond, in the name of the
Secretary of State of the State of Illinois, for the use and benefit of the people of the State of Illinois.

This Bond shall not be cancelled unless 30 days written notice prior to cancellation is received by the Office of the Secretary of State,
Vehicle Services Department.

Principal (Seal)

By _____ (Seal)

By _____ (Seal)

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public

Address of Surety

Surety (Seal)

(Seal)

(Seal)

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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