



# INDIANA VEHICLE MERCHANDISING CERTIFICATE / BOND

State Form 53966 (R5 / 6-15)

Pursuant to IC 9-32-11-2

**CONNIE LAWSON  
SECRETARY OF STATE  
DEALER DIVISION**

302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204-2700  
Telephone: (317) 234-7190  
Fax: (317) 233-1915  
[www.sos.in.gov](http://www.sos.in.gov)

Dealer number	Start / Issue date (month, day, year)	Expiration date (month, day, year)	Bond amount	Certificate / Bond number
Name of Principal		Address of Principal (number and street, city, state, and ZIP code)		
Name of Surety		Address of Surety (number and street, city, state, and ZIP code)		
This Certificate / Bond is applicable to the following type of License (please check the appropriate box):				
<input type="checkbox"/> Automobile Auctioneer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Converter Manufacturer	<input type="checkbox"/> Transfer Dealer	
<input type="checkbox"/> Dealer	<input type="checkbox"/> Wholesale Dealer	<input type="checkbox"/> Automotive Salvage Recycler	<input type="checkbox"/> Auto Mobility Dealer	
<input type="checkbox"/> Distributor	<input type="checkbox"/> Watercraft Dealer			
<p>The Principal and Surety noted above are held and firmly bound unto the State of Indiana - Secretary of State in the amount noted above, jointly and severally. This bond is conditioned on the Principal's compliance with all provisions of the laws, ordinances, and resolutions governing issuance of the license issued by the Secretary of State. This bond is in favor of the Secretary of State for fines, penalties, costs, and fees assessed by the Secretary of State after notice, opportunity for a hearing, and opportunity for judicial review and for securing the payment of damages to a person aggrieved by a violation of IC 9-32 by the principal after a judgment is issued in favor of the aggrieved person.</p> <p>This bond begins and ends on the start date and expiration date noted above, or as otherwise described herein. The Surety may terminate its liability hereunder at any time by giving thirty (30) days notice of such termination to the Secretary of State at 302 West Washington Street, Room E018, Indianapolis, IN 46204. Cancellation of this bond is also effective immediately upon termination of the Principal's Dealer License. The Surety shall not be discharged from any liability already accrued under the bond, or which shall accrue hereunder before the expiration of the thirty (30) day notice period. The total aggregate liability of the surety shall not exceed the penal sum of the bond.</p> <p>The Surety reserves the right to modify the terms of this Bond. Any modification must be conveyed in writing to the Principal and the Secretary of State ten (10) days prior to any changes taking effect.</p>				
Name of Surety		Name of Principal's owner / agent		
Name of authorized agent		Title of Principal's owner / agent		
Signature of Surety		Signature of Principal's owner / agent		
Telephone number of Surety (      )		Telephone number of Principal (      )		
E-mail address of Surety		E-mail address of Principal		

# 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>	
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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