



Bond No. _____

Iowa Mobile/Manufactured Home Retailer's Bond

KNOW ALL PERSONS BY THESE PRESENTS:

That we _____, Dealer No. _____
(Applicant) DBA (Firm name)
_____, Iowa, as Principal, and the _____
(City) (Bonding Company)

a corporation duly licensed to do business in the State of Iowa, as Surety, are held and firmly bound unto the State of Iowa in the penal sum of FIFTY-THOUSAND DOLLARS (\$50,000.00) for the payment of which, well and truly to be made, we bind ourselves and our legal representatives jointly and severally by these presents.

THE CONDITION of the above obligation is such that WHEREAS the Principal has applied for the issuance of a Mobile/Manufactured Home Retailer's License and presents this bond in accordance with said statute.

NOW, THEREFORE if the aforesaid Principal shall faithfully comply with all the statutes of the State of Iowa regulating or being applicable to the business of said retailer in mobile/manufactured homes, and shall indemnify any person dealing or transacting business with the Principal in connection with a mobile/manufactured home from a loss or damage occasioned by the failure of the Principal to comply with any of the provisions of Iowa code Chapter 103A, as amended by 2006 Iowa Acts, Senate File 2394 including, but not limited to, the furnishing of a proper and valid document of title to the mobile/manufactured home involved in the transaction, then this obligation to be void; otherwise, to remain in full force and effect.

The aggregate liability of the Surety of all persons shall, in no event exceed the amount of this bond during any one license year.

This bond shall be effective on the _____ day of _____, _____, and shall operate as a new bond for each license year it is in effect.

"This bond may be cancelled by the Surety giving written notice to the Principal and the Iowa State Building Code Bureau, State Fire Marshal's Office, 215 East 7th Street, Des Moines IA 50319 stating the date of cancellation, which in no event shall be less than 30 days after receipt of said notice by the Iowa State Building Code Bureau, however the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation."

Dated this _____ day of _____, _____.

WITNESS TO PRINCIPAL

Principal

WITNESS TO SURETY

Surety

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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