



IOWA MOTOR VEHICLE DEALER BOND

KNOW ALL MEN BY THESE PRESENTS:

BOND NO. _____

That we _____, Iowa, as Principal, and the _____
_____, 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 SEVENTY-FIVE THOUSAND (\$75,000) 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 Motor Dealer'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 dealer as a dealer in motor vehicles, and shall indemnify any person who buys a motor
vehicle from the dealer from any loss or damage occasioned by the failure of the dealer to comply with any of the provisions of
Chapters Three Hundred Twenty-one (321) and Three Hundred Twenty-two (322), the Code of Iowa, as amended, including but not
limited to, the furnishing of a proper and valid Certificate of Title to the motor vehicle involved in a 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 not exceed the amount of the bond during any one license year.

This bond shall be effective on the _____ day of _____, _____ Year, 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 Department of Transportation,
P.O. Box 9278, Des Moines, IA 50306-9278, stating the date of cancellation which in no event shall be less than 30 days after
receipt of said notice by the Department of Transportation, 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 _____, _____ Year.

WITNESS TO PRINCIPAL

Principal

WITNESS TO 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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