

KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DEALER LICENSING BUREAU
PO BOX 2369
TOPEKA, KS 66601-2369
785-296-3621
Web Site: www.ksrevenue.org/dmv

VEHICLE DEALER BOND

The original bond must be signed and
mailed to the Dealer Licensing Bureau

68 D# _____
F# _____
Bond # _____

KNOW ALL MEN BY THESE PRESENTS: THAT _____

☐ Individual Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LL ☐ LC

with main office location at _____
(Street Address) (City) (State) (Zip)

as principal, and _____ a corporation authorized to
(Surety) transact

business in Kansas, as surety, are held and firmly bound unto the STATE OF KANSAS and severally to such persons who shall conduct business with said principal in its capacity as a motor vehicle dealer in the sum of Thirty thousand dollars (\$30,000.00), lawful money of the United States, to the payment of which, well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, assigns and successors firmly by these presents.

WHEREAS, the above-named principal is a vehicle dealer within the provisions of Kansas Statutes Annotated, Chapter 8, Article 24, concerning manufacture, distribution and sale of vehicles and is required by such article to comply with the provisions applicable to the licensee, this bond exists as indemnity for any loss sustained by a retail or wholesale buyer or seller of a vehicle by reason of any act by the licensee constituting grounds of suspension or revocation of the license, in accordance with and under authority of K. S. A. 8-2401 et seq.

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall faithfully comply with the provisions of said article concerning manufacture, distribution and sale of vehicles and rules and regulations promulgated pursuant thereto, this obligation shall be void and of no effect; otherwise it shall remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED that the above obligation shall extend, without notification to the Surety, to any change of officers of the Principal, if the Principal is a corporation, to any additional locations or changes of address of the Principal or to any substitution of business name of the Principal wherein ownership is not changed.

IT IS FURTHER UNDERSTOOD AND AGREED that regardless of the number of years this bond may remain in force and number of claims which may be made against this bond, the aggregate liability of the surety for any and all claims shall not exceed the amount stated above, and that the surety shall have the right to cancel the bond upon the giving thirty (30) days written notice of cancellation to the Principal and the Kansas Department of Revenue, Division of Vehicles, Dealer Licensing Bureau, Topeka, KS 66626-0001.

This bond effective on and after the _____ day of _____,
Month Year

RENEWAL DATE OF BOND: _____

Witness our hands at _____, this _____ day of _____,
city Month Year

Principal: _____

BY: _____
Dealership Owner or President Signature Print Name

ATTEST: _____
(Second Corporate Officer, indicate office) Print Name

(Seal of Corporate Surety)

Surety Name: _____

Surety Address: _____
Street City State Zip

Surety Phone Number: _____

Signature of Attorney in Fact: _____
Attorney-in-fact must attach a copy of Print Name
written authority. (Power of Attorney)

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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