

	<b>Contractor/Subcontractor Surety Bond</b> Pursuant to Louisiana Revised Statutes 47:9 and R.S. 47:306(D)
	Louisiana Department of Revenue Taxpayer Services Division P.O. Box 4998 Baton Rouge, LA 70821-4998 (225) 219-7356, Option 3

Bond Number \_\_\_\_\_

**Mark one:**     Single Contract     Multiple Contracts (Blanket Bond)

BE IT KNOWN TO ALL BY THESE PRESENTS, that we, the Principal and Surety listed below, as agreed to by their duly authorized representatives, do provide the identifying data and bind ourselves as follows:

Principal (Name of Legal Entity—individual, partnership, or corporation)			
<b>Mark one:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
If a corporation, indicate the state of domicile			Parish/County
Trade name of business			
Mailing address of business		City	State    ZIP
Name/ Nature of Contract			
Location of Contract			
Name of Surety			
Home office address of Surety (Street, P.O. Box)		City	State    ZIP

It is agreed to by Surety that it is held and bound in solido with the Principal, to the Secretary of the Department of Revenue for the State of Louisiana, or his successors in office, in the amount of \_\_\_\_\_ dollars ( \$\_\_\_\_\_ ) for the payment of which, will be made to the Department of Revenue. We, the Principal and Surety, do now agree to bind ourselves jointly and severally with the Department of Revenue to this contract. This bond shall be effective on and after \_\_\_\_\_ Month, Day, Year.

**The condition of the foregoing obligation is such that:**

WHEREAS, the said Principal is a contractor or subcontractor performing work on or subcontracting a construction project or projects in this state, and,

WHEREAS, as a result of said Principal's business operation in the State of Louisiana, the Principal will become liable for taxes levied by the State of Louisiana and its political subdivisions.

NOW, THEREFORE, if the said Principal shall pay all taxes, penalties, and costs levied by, accrued or accruing under the laws and ordinances of this state and its political subdivisions, as amended; and shall fully, completely, and faithfully perform all of the conditions and requirements of the laws and ordinances, as amended; and shall guarantee payment of all taxes and penalties levied by said laws and ordinances in the manner and at the time provided therein, then this obligation shall be null and void, otherwise it is to remain in full force and effect.

This is a continuing bond and may be terminated by either Surety or Principal by giving the other 90 (ninety) days prior notice of such intention to terminate the bond. In the event the bond existing between the Principal and Surety is canceled, the Principal shall be required to give a new surety bond before the 90 days elapse. Any notices shall be filed with the Secretary or his authorized representative, but such termination of the bond shall not relieve the Surety of any liability on which any claim or claims known, or claims which might arise, and for which the Surety would be liable before the effective date of said notice of termination.

This bond authorized by and made pursuant to the provisions of R.S. 47:9 and R.S. 47:306(D), as amended, and all provisions of said law are hereby made a part of this bond by reference.

FURTHER, the Principal, Surety, and the Louisiana Department of Revenue agree to litigate any and all disputes involving said bond in the 19th Judicial District Court for the State of Louisiana.

**{ Signatures required on page 2. }**

**PRINCIPAL**  
**( Two Witnesses Required. )**

THUS DONE AND SIGNED by the Principal in the presence of the undersigned competent witnesses on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
Year City State

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Witness Number One

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Witness Number Two

\_\_\_\_\_  
Print name and title.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My commission expires (Seal)

Bond forms change; this is for educational purposes only.

**SURETY**  
**( Two Witnesses Required. )**

THUS DONE AND SIGNED by the Surety in the presence of the undersigned competent witnesses on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
Year City State

\_\_\_\_\_  
Name of Surety

\_\_\_\_\_  
Witness Number One

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Witness Number Two

\_\_\_\_\_  
Print name and title.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My commission expires (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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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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