

	Motor Fuels Tax Surety Bond
	Mail to: Taxpayer Services Division Excise Tax Section P.O. Box 66362 Baton Rouge, LA 70896-6362

Bond Number: _____

Account Number: _____

KNOW ALL MEN BY THESE PRESENTS, That we,

PRINCIPAL: _____
(Legal Name of Business)

Trade Name of Business: _____

Principal Location of Business: _____
(Street Address, City, and State)

Mailing Address: _____
(Box or street, City, State)

Ownership _____ If corporate, show state of domicile _____
(Individual, Partnership, Corporate, etc.)

Parish/County of _____, State of _____, (hereinafter called Principal),

AND SURETY: _____
(Name of Surety)

(Mailing Address of Surety)

(herinafter called Surety), are held and firmly bound unto _____
Secretary of the Department of Revenue for the State of Louisiana (hereinafter called Secretary), or his/her successors in office, in the sum of _____ Dollars (\$ _____);
for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such that:

Whereas, the said Principal is a

- Terminal Operator Supplier Permissive Supplier Distributor Importer
- Exporter Blender Interstate Motor Fuel User

as defined in Part V-A of Chapter 7 of Subtitle II of Title 47 of the Louisiana Revised Statutes of 1950, as amended.

NOW, THEREFORE, if the said Principal shall pay all taxes, penalties, interest, and cost levied by, accrued or accruing under said Acts, to the said Secretary, or to his successors in office, as required by the provisions of said Acts, and shall fully, completely and faithfully perform all of the conditions and requirements of said Acts in the manner and at the time provided therein; then this obligation shall be null and void, otherwise to remain in full force and effect.

This bond shall be effective on and after _____ and is a continuing bond and may be terminated by either the Surety or Principal by giving the other thirty (30) days notice of such intention of termination, such notice to be filed with said Secretary; but such termination of liability shall not relieve the Surety of any liability on any claim or claims known, or claim or claims which might arise, and for which the Surety would be liable before the effective date of said notice of termination.

This bond is authorized by and made pursuant to Part V-A of Chapter 7 of Subtitle II of Title 47 of the Louisiana Revised Statutes of 1950, as amended, and all provisions of said Laws are hereby made part of this bond.

IN FAITH WHEREOF, we have signed these presents at the place and on the date hereinafter indicated.

WITNESS:

(1) _____
(Signature)

(Print Name)

(2) _____
(Signature)

(Print Name)

Signed at: _____
(City, State)

PRINCIPAL:

(Legal Name of Business)

Signed by: _____
(Signature)

(Print Name)

Title: _____

on the _____ day of _____, 20____

WITNESS:

(1) _____
(Signature)

(Print Name)

(2) _____
(Signature)

(Print Name)

Signed at: _____
(City, State)

SURETY:

(Legal Name of Surety)

Signed by: _____
(Signature)

(Print Name)

Title: _____

on the _____ day of _____, 20____

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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 2424 W. Missouri AVE
 Phoenix, AZ 85015

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