

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
ACHCF J9<7 @ BGD97 HCB

OFFICIAL MOTOR VEHICLE INSPECTION STATION BOND
(CORPORATE)

THE STATE OF LOUISIANA,

BOND NO. _____

PARISH OF _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS _____ has been
NAME AND ADDRESS OF INSPECTION STATION

duly appointed by the Louisiana Department of Public Safety and Corrections as an official Inspection Station, for the
period of time beginning on _____ day of _____,
and remaining in force until cancelled, pursuant to La. R.S. 32:1305.

THAT WE, _____, as Principal
NAME OF OWNER
and _____ as Surety, are held and
firmly bound unto the State of Louisiana in the sum of Five Thousand Dollars (\$5,000.00) for the payment of which we
bind ourselves, heirs, executors and administrators, jointly by these presents.

Now the condition of the above obligation is such that, in the event that any claim for damages to a vehicle during
an inspection of adjustment due to negligence on the part of such owner or its employees is established by suit or
otherwise, this bond shall remain in full force and effect to protect the interest of the claimant for damages, and to
secure payment of said claim by Surety; provided, however, that the aggregate liability of the Surety for all such
damages shall, in no event, exceed the amount of this bond.

The Surety herein may cancel this bond by mailing written notice, registered mail to Louisiana Department of Public
Safety and Corrections, Motor Vehicle Inspection, _____ and said bond shall
terminate thirty (30) days after receipt of such notice.

IN TESTIMONY WHEREOF THE above parties have executed this instrument, under their several seals this
_____ day of _____.

CORPORATE SEAL

NAME OF GARAGE

SIGNATURE OF PRINCIPAL

NAME OF BONDING COMPANY

By: _____
ATTORNEY IN FACT

FOR INDIVIDUALS

THE STATE OF _____

BEFORE ME, _____

PARISH OF _____

a Notary Public, in and for _____ Parish, Louisiana, on this day personally appeared _____

known to me to be the person whose name _____ subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same, for the purposes and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, _____.

Notary Public _____

FOR CORPORATION

THE STATE OF _____

Before me, the undersigned authority, in and for

PARISH OF _____

said Parish and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same as the act and deed of _____ of _____, and as the _____ thereof, and for the purposes and considerations therein expressed, and in the capacity therein stated.

Given under my hand and seal of office, this _____ day of _____, _____.

Notary Public _____

FOR PARTNERSHIP

THE STATE OF _____

On this _____ day of _____, _____

PARISH OF _____

before me personally appeared _____ to me personally known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and he/she thereupon duly acknowledged to me that he executed the same as and for the act and deed of said firm.

Given under my hand and seal of office, this _____ day of _____, _____.

Notary Public _____

FOR BOND CORPORATION

STATE OF LOUISIANA

Before me, the undersigned authority, in and for

PARISH OF _____

said Parish and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same as the act and deed of _____, and as the Attorney in Fact thereof, and for the purposes and considerations therein expressed, and in the capacity therein stated.

Given under my hand and seal of office, this _____ day of _____, _____.

Notary Public _____

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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

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