

Bond for payment of special permit fees and charges to Louisiana Department of Transportation and Development, for movement of vehicles of excess dimensions or weight over Louisiana and other highways.

Bond Number: _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ Of _____
(Name) (Mailing Address)

doing business as _____, Principal and _____
(Name and Mailing Address)

(Corporate) Surety are held and firmly bound unto the State of Louisiana, Department of Transportation and Development, in the full sum of:

(Minimum of \$1,000.00 – (One Thousand Dollars))

WHEREAS, Title 32 of the Louisiana Revised Statutes of 1950, and all rules and regulations adopted thereunder, fixes dimensions weight and load limits, special permit fees and charges for certain vehicles operating upon Louisiana and other specified highways.

NOW, the condition of this bond is such that if the Principal shall promptly pay unto the Department of Transportation and Development of the State of Louisiana all special permit fees and charges due by the Principal as provided for in said Act and rules and regulations adopted in connection therewith for the movement of vehicles of excess weight or dimension over the Highways of the State of Louisiana, then this obligation shall be null and void; otherwise, to be and remain in full force and effect.

It is mutually understood and agreed between all parties hereto, that if the Surety shall so elect, this bond may be cancelled by giving thirty (30) days notice in writing to the Department of Transportation and Development, State of Louisiana, Permit Section, P.O. Box 94042, Baton Rouge, Louisiana 70804-9042. And this bond shall be deemed cancelled at the expiration of thirty (30) days from date of receipt of such notice, the said Surety remaining liable for all special permit fees and charges covered by this bond, which may have accrued up to date of such cancellation, under the terms, conditions, and provisions of this bond.

Executed at _____, _____, this _____, day of _____, _____.
(City) (State) (Day) (Month) (Year)

(Principal)

ACCEPTED:

_____, _____, _____
(Month) (Day) (Year)

BY: _____

(Surety)

**Department of Transportation and Development
State of Louisiana**

BY: _____

(Attorney-in Fact)

BY: _____

(POWERS OF ATTORNEY FOR PRINCIPAL AND SURETY MUST BE ATTACHED)

Bond forms change; this is for educational purposes only.

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

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM