

State Of Louisiana  
DEPARTMENT OF REVENUE AND TAXATION  
EXCISE TAXES DIVISION  
P.O. Box 201  
Baton Rouge, LA 70821-0201  
SPECIAL FUELS TAX BOND

**KNOW ALL MEN BY THESE PRESENTS, That we,**

PRINCIPAL: \_\_\_\_\_  
Owner-(Name of Individual, Name of Partners, or Corporation)

(If Corporation, show state of domicile \_\_\_\_\_)

Trade Name of Business \_\_\_\_\_

Location of Business: \_\_\_\_\_  
(Street) (City, State, Zip) (Parish/County)

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City, State, Zip)

as Principal (hereinafter called Principal), \_\_\_\_\_

And

SURETY: \_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
(Address of Surety)

(hereinafter called Surety), are held and firmly bound unto, \_\_\_\_\_,  
Secretary of Revenue and Taxation for the State of Louisiana (hereinafter called Secretary), or his 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 user/supplier of fuels as defined in Louisiana Revised Statutes, Title 47, Chapter 7, Part V.

NOW THEREFORE, if the said Principal shall pay all taxes, penalties, and costs levied by, accrued or accruing under said Act to the said Secretary, or to his successors in office, as required by the provisions of said Act, and shall fully, completely and faithfully perform all of the conditions and requirements of said Act 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 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 effective date of said notice of termination.

Bond forms change; this is for educational purposes only.

This bond authorized by and made pursuant to Louisiana Revised Statutes, Title 47, Chapter 7, Part V, and all provisions of said Law are hereby made a part of this bond.

IN FAITH WHEREOF, we have signed these presents at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(This date must match date on power of attorney)

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_

Signed at: \_\_\_\_\_

PRINCIPAL:

\_\_\_\_\_  
(Name of Principal)

Signed by: \_\_\_\_\_

Title \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_

Signed at: \_\_\_\_\_

SURETY:

\_\_\_\_\_  
(Name of Surety)

Signed by: \_\_\_\_\_

Title \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_

COUNTERSIGNATURE:  
(La. Res. Agent) \_\_\_\_\_

N/A

Bond No.: \_\_\_\_\_

# 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.

**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**