

AUCTIONEER'S LICENSE BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, The applicant for Auctioneer's License _____, and individual
Name of Applicant

with business located at _____, as PRINCIPAL, and the _____
Address Insurance Company

_____ with principal office in _____ Located at _____
State Address

_____ as SURETY, are held and firmly bound unto _____

_____ in the sum of _____ (\$ _____) lawful money of the United States of America, to be

paid to _____ its certain attorney or assigns, to which payment will and truly to be

made, we do hereby bind ourselves, jointly and severally, our heirs, executors, administrators, successors and assigns firmly by
these presents. SIGNED, SEALED and DELIVERED this _____ day of _____, _____.

WHEREAS, The above-bounden Principal desires to operate or conduct the business of Auctioneer, Auction Sales or

Apprentice Auctioneer with _____ for the license term ending _____ in accordance with the
rules and regulations required by _____.

NOW, THEREFORE, the condition of this obligation is such
that if upon and after the issuance of such license the above-bounden Principal shall fully and faithfully observe the provisions
of all the laws of the city and its rules and regulations as a licensed Auctioneer or as a licensed Apprentice Auctioneer, then
this obligation shall be void, otherwise, it shall remain in full force, virtue and effect. And the obligors, jointly and severally,
for themselves, their heirs, executors, administrators, successors and assigns, do agree with _____

that upon violation of the rules and regulations promulgated by _____ and upon the revocation of the

license and upon forfeiture of the Bond, aforesaid, for any such violation during the continuance of such license, the full

amount of this bond shall be due and payable. And we, and each of us, do hereby confess judgement against us and each of us

for the penal sum of _____ (\$ _____) with cost of suit and release of all errors,

without stay of execution, waiving inquisition and condemnation of any estate, and we, and each of us, do hereby waive the

benefit of any law or laws now in force, or which may hereafter become in force, exempting property from levy and sale upon

execution and we do hereby empower any attorney, or the Prothonatary, of any Court if record within this County or

elsewhere, to appear for us and each of us, to confess judgement as expressed, and for the entering of such judgement and so

doing this shall be sufficient warrant, a copy of this bond being filed in said action; it shall not be necessary to file the original

as a warrant, any law or rule of Court notwithstanding.

Witness:

By: _____

(Surety)

Witness:

By: _____

, Attorney-in-Fact

SAMPLE
WWW.SINC.CO

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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