



STATE HIGHWAY ADMINISTRATION

CREDIT HAULING BOND FORM

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Name) (Address)
AS PRINCIPAL (HEREINAFTER CALLED "PRINCIPAL") AND THE

(Name) (Address)

A CORPORATION OF THE STATE OF _____ WITH ITS HOME OFFICE IN THE CITY OF _____, AS SURETY (HEREINAFTER CALLED "SURETY") ARE HELD AND FIRMLY BOUND UNTO THE STATE OF MARYLAND, STATE HIGHWAY ADMINISTRATION, AS OBLIGEE (HEREINAFTER CALLED "OBLIGEE") IN THE AMOUNT OF _____ DOLLARS () FOR THE PAYMENT WHEREOF WELL AND TRULY TO BE MADE, PRINCIPAL AND SURETY BIND THEMSELVES, THEIR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENT.

WHEREAS, THE PRINCIPAL FROM TIME TO TIME WILL MAKE AN APPLICATION TO THE STATE HIGHWAY ADMINISTRATION OF MARYLAND FOR PERMITS TO HAUL OVERSIZE AND/OR OVERWEIGHT LOADS OVER STATE HIGHWAYS, AND

WHEREAS, THE SAID PRINCIPAL DESIRES TO ESTABLISH CREDIT WITH THE STATE HIGHWAY ADMINISTRATION FOR PAYMENT OF FEES CHARGED FOR HAULING PERMITS, AND

WHEREAS, THE STATE HIGHWAY ADMINISTRATION OF MARYLAND WILL GRANT PERMITS FOR SUCH MOVING, UPON CERTAIN TERMS AND CONDITIONS INCLUDING THE PAYMENTS OF HAULING PERMIT FEES, SURVEY FEES, MONITORING FEES AND POLICE ESCORT FEES, AND

WHEREAS, THE STATE HIGHWAY ADMINISTRATION IS WILLING TO ESTABLISH CREDIT FOR THE PAYMENT OF SUCH FEES UPON THE FILING OF THIS BOND GUARANTEEING THAT PAYMENT WILL BE MADE WITHIN THIRTY (30) DAYS FROM THE LAST DAY OF THE MONTH IN WHICH SUCH CHARGES ARE INCURRED.

NOW, THEREFORE, THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT IF THE SAID PRINCIPAL SHALL REMIT TO THE MARYLAND STATE HIGHWAY ADMINISTRATION SPECIAL HAULING PERMIT DEPARTMENT ANY MONIES OWING TO THE MARYLAND STATE HIGHWAY ADMINISTRATION, THEN THIS OBLIGATION TO BE VOID, OTHERWISE TO BE AND REMAIN FULL FORCE AND EFFECT.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, _____.

AS TO PRINCIPAL:

BY: _____ (SEAL)

AS TO SURETY:

BY: _____ (SEAL)
ATTORNEY-IN-FACT

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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