

BOND # _____

KNOW ALL MEN BY THESE PRESENTS

That we _____

of _____
(City or Town, in the State of Massachusetts)

as Registrant, and the _____
(Name of Bonding Company)

Company, a corporation duly organized and existing under the laws of the State of _____

having its principal office at _____
(City)

in the state of _____ as Surety, are firmly bound and obliged to DONALD B. FALVEY

Director of Standards for the Commonwealth of Massachusetts or his successor or successors in office in the sum of Ten

Thousand Dollars (\$ 10,000.00), to the payment whereof we _____
(Registrant)

and _____ company, bind ourselves and our
respective heirs, executors, administrators, successors and assigns jointly and severally by these presents.

WHEREAS, _____
(Name of Registrant)

has been issued a Registration Number as a Motor Vehicle Repair Shop, by the Director of Standards for the Commonwealth
Massachusetts, under the provisions of Chapter 100A of the General Laws as amended.

NOW, THEREFORE, if _____, shall
(Name of Registrant)

1. Comply with all the provisions of Chapter 100A of the General Laws, and any amendments thereof or additions Thereto;
2. Pay any and all fines or penalties incurred by him through violations of the provisions of said Chapter 100A and any amendments thereof or additions thereto;
3. Pay or satisfy any judgment obtained by him in behalf of any creditor whose claim arises in connection with the

business done under the said _____ a
(Name of Registrant)

state registration and who before the expiration of 60 days from the return or surrender of the said registration or the filing of an
affidavit of its loss shall have given due notice of his claim to the Director of Standards. DONALD B. FALVEY. Then this obligation
shall be null and void; otherwise it shall remain in full force and effect.

IN TESTIMONY WHEREOF, _____
(Name of Registrant)

has affixed his hand and seal and the _____
(Name of Bonding Co.)

Company has caused its officers thereunto duly authorized to execute these presents and to affix the corporate seal,

this _____ day of _____ 20__

Signature of Registrant or Authorized officer

In the presence of _____

by _____ Company

(seal of Company)

MICHAEL D. LAPRE ATTORNEY IN FACT

20__

Director of Standards

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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Local (602) 749-0702
Fax: (602) 674-8235

Bond forms change; this is for educational purposes only.

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