

LOTTERY RETAILER NUMBER: _____

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS, THAT WE, _____ of
_____ as Principal(hereinafter called Principal) and, _____
_____, a corporation organized and existing under the laws of the
State of Minnesota with its Home Office in the city of _____,
as Surety, (hereinafter called Surety), are held and firmly bound unto;
Minnesota State Lottery
2645 Long Lake Road
Roseville, Minnesota 55113

As oblige, in full and just sum of _____ Dollars, lawful money of the
United States of America, to be paid to the said Obligee, successors or assigns, on
demand for and on account of any funds due from the Principal as a result of the sale of
Lottery tickets to which the Principal has failed to make timely payments to the oblige;
For which payment, well and truly to be made ,we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.
The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed
the penal sum of this bond in any event.

WHEREAS in accordance with Minnesota Statutes, Chapter 349A, the Principal has
entered, or is about to enter into written Agreement with the Obligee to be financially
responsible to the Lottery for all revenues derived from the state of Minnesota State
Lottery tickets as is more specifically set forth in said Agreement, to which reference is
hereby made.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that is the
Principal shall well and truly perform and carry out the covenants, terms and conditions
of said Agreement, then this obligation to void; otherwise remain in full force and effect.
The surety may cancel this bond by written notice to the Principal and Obligee, by
Certified Mail, at least (30) days in advance of the date of cancellation.

Sealed with seals and dates this _____ day of _____.

PRINCIPAL:

X _____
WITNESS
X _____
WITNESS

BUSINESS NAME
X _____

SURETY:

X _____
ATTEST

BY: _____

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

FAX NUMBER

SAMPLE
WWWISINC.COM

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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