



MISSOURI DEPARTMENT OF REVENUE
 DIVISION OF TAXATION AND COLLECTION
 P.O. BOX 300
 JEFFERSON CITY, MISSOURI 65105-0300
 (573) 751-2611 TDD 1-800-735-2966
MOTOR FUEL TAX SURETY BOND

FORM 670 (REV. 10-2003)	BOND NUMBER
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KNOW ALL MEN BY THESE PRESENTS, THAT * _____

of the City of _____, County of _____,

state of _____, as Principal, and _____,

a corporation duly organized and existing under and by virtue of the laws of the state of _____

and authorized to become sole surety on bonds in the state of Missouri, in the maximum sum of _____

_____ dollars (\$ _____), lawful money of the United States, for payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION is such that, whereas the said principal has applied for, or has obtained a license to engage in business as a: _____ as that term is defined in Missouri revised Statutes, and under the provisions of the Missouri Motor Fuel Tax Law, the provisions of which law and any existing or hereafter enacted amendments thereto being, by reference, made a part hereof.

NOW, THEREFORE, if said principal shall promptly file true, correct and timely tax reports and pay, within the time required by law, to the Missouri Department of Revenue, any and all taxes and fees becoming due, under said law and any existing hereafter enacted amendments thereto, by reason of said principal receiving fuel in this state, together with any and all penalties and interest which may accrue on said taxes and fees; and if said principal shall faithfully comply with all requirements of the Missouri Department of Revenue, Tax Administration Bureau, then this obligation shall be void; otherwise to remain in full force and effect.

The principal hereby expressly authorizes and requests the Director of Revenue to release information to the surety relating to any delinquency in the payment of any fuel tax and fees arising during the period this bond shall be in effect and hereby releases the Director of Revenue and all other persons having administrative duty under chapter 142, RSMo from any liability under Section 32.057 RSMo pursuant to the release of such information.

IN WITNESS WHEREOF, the said principal's hand and seal has been set hereunto, and the said surety has caused these presents to be signed by its Attorney In Fact, and its corporate seal to be hereunto affixed this the _____ day of _____.

The surety on this bond shall be released and discharged from any and all liability to the state of Missouri accruing on such bond after the expiration of sixty days from the date upon which such surety shall have lodged with the director of revenue written request to be released and discharged; but the request shall not operate to relieve, release or discharge such surety from any liability already accrued or which shall accrue during and before the expiration of said sixty-day period.

ATTEST: (SEAL BY SURETY)	SIGNATURE OF PRINCIPAL *
	SURETY (NAME AND ADDRESS)
	BY: ATTORNEY IN FACT

* If principal is an individual or partnership doing business under a firm name said fact must be shown in the body of bond, such as "That John Doe, an individual d/b/a Doe Oil Co." as principal, or "That John Doe and Richard Roe, partners, d/b/a D. and R. Oil Co." as principal; if principal is corporation, the signature must be the name of the corporation by the proper officer and said signature must be attested by the proper officer; if partnership, each partner must sign.

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

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM