

MISSOURI MOTOR VEHICLE DEALER BOND

Bond number: _____

KNOW ALL PERSONS BY THESE PRESENT, that I/we _____

(Dealership Name)

as Principal, and _____ a corporation organized and
(Bonding Company)

existing under the laws of the State of _____, and having its principal

place of business at _____ as Surety, are held and firmly bound unto the State of Missouri, for the benefit of all aggrieved parties in the penal sum of Twenty-Five Thousand Dollars (\$25,000.00) per license year for the payment of which, well and truly to be made, we bind ourselves, firmly by these presents.

WHEREAS the Principal has applied for the issuance of a Motor Vehicle and/or Boat Dealer's license and presents this bond in accordance with Missouri statute(s).

NOW, THEREFORE, if during the period(s) covered by this bond, the aforesaid Principal shall faithfully comply with the provisions of Missouri statutes applicable to new motor vehicle franchised dealers, used motor vehicle dealers, powersport dealers, wholesale motor vehicle dealers, and boat dealers, and shall indemnify for any loss sustained by reason of the acts of Principal when such acts constitute grounds for suspension or revocation of the Principal's license, this obligation shall be null and void. Otherwise this obligation shall remain in full force and effect subject to the following conditions:

The proceeds of this bond shall be paid upon receipt by the Missouri Department of Revenue of a final judgement from a Missouri court of competent jurisdiction against the Principal and in favor of an aggrieved party.

The aggregate liability of the Surety to all persons shall, in no event, exceed the amount of this bond during any one license year.

The bond shall be effective _____, and shall expire _____
(Bond can be listed as "non-expiring" or must list an expiration date through the end of the calendar year).

This bond may be canceled by the Surety giving written notice to the Principal and Missouri Department of Revenue, stating the date of cancellation, which in no event shall be less than thirty (30) days after receipt of said notice by the Director of Revenue; however, the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

Dated this _____ day of _____, _____

PRINCIPAL'S SIGNATURE

WITNESS

Signature of Principal/Dealer (Seal)

Signature of Witness

Title

SURETY'S SIGNATURE

WITNESS

Signature of Surety (Seal)

Signature of Witness

Title

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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