

VEHICLE DEALER'S BOND

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS, that we, _____,
_____, doing business as a _____ Dealer, as Principal, whose place of business
is _____, and _____,
_____, authorized to do business in the State of New Hampshire, as Surety, whose mailing address is
_____, are held and firmly bound unto the State of New Hampshire,
Director of the Division of Motor Vehicles and all purchasers or others doing business with said Principal in his
capacity as such _____ Dealer, in the sum of TWENTY FIVE THOUSAND DOLLARS (\$25,000), to
be paid to the above described purchasers or their successors and assigns, for which payment, well and truly to be
made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally,
firmly by these presents.

WHEREAS, the said Principal is a _____ Dealer as defined by Revised Statutes Annotated RSA
259:89A, RSA 259:6-a, RSA 261:123 or RSA 259:121 and shall obtain a bond or equivalent proof of financial
responsibility as required by State of New Hampshire Revised Statutes Annotated 261:98.

NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall well and truly keep and
perform his obligations to purchasers or others who suffer a loss as defined in said aforementioned statute, then
this obligation shall be void and of no effect; otherwise to remain in full force and effect.

THIS BOND IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

1. The term of this bond begins with the _____ day of _____, _____ and runs through the _____
day of _____, _____. This obligation may be continued from year to year by a
continuation certificate.
2. Loss is covered under this bond only if sustained as a result of an event occurring while this bond is in force
and only when the claimant obtains a final judgment in a court of competent jurisdiction against the dealer.
3. No suit may be maintained to enforce any liability under this bond unless brought within one year after the
event giving rise to the cause of action.
4. This bond covers only those acts and omissions as described in paragraph I (a), (b), (c) or (d) of State of New
Hampshire Revised Statutes Annotated 261:98.
5. Regardless of the total number of claims against this bond or the number of years the bond remains in effect,
the Surety shall not be liable in the aggregate for any amount in excess of said bond amount listed above.
6. This bond may be cancelled as to future liability by the Surety giving sixty (60) days written notice to the State
of New Hampshire, Director of the Division of Motor Vehicles and to the Principal. Such notice does not
discharge the Surety of any liability accruing under the bond prior to the expiration of such sixty (60) days.

SIGNED, SEALED AND DATED THIS _____ day of _____, _____.

(Principal)

(Surety)

BY: _____

By: _____

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
OBLIGEE: _____ EFF.DATE: _____ EXP.DATE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____
DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
ADDITIONAL OWNERS / PARTNERS
OWNER'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

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