

Bond Number _____

CONCESSIONAIRE'S BOND

KNOW ALL MEN BY THESE PRESENTS, That we, _____

_____ as Principal, and _____

_____ as Surety, are hereby held and firmly bound unto _____

_____ in the penal sum of _____

_____ (\$ _____)

for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs executors, administrators, successors, and assigns.

WHEREAS, the above named Principal did, on the _____ day of _____, _____ enter into with said _____ to render the services required thereby and mentioned therein, and which agreement is by reference made a part a hereof and is hereinafter referred to as the Agreement.

NOW, THEREFORE, the condition of this obligation is such that if the above named Principal shall well and truly execute all and singular the stipulations by the Principal to be executed, and shall fully perform all and singular the terms, conditions and requirements of the Agreement and shall indemnify and save harmless said _____ from all liens, charges, claims demands, loss, costs, and damages of every kind of nature whatsoever, then this obligation to be null and void, otherwise to remain in full force and effect, it being understood that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as hereunder stated.

IT BEING FURTHER UNDERSTOOD that this bond may be canceled by the Surety by its mailing written notice of such cancellation to the _____ stating when, not less than thirty (30) days thereafter, such cancellation shall be effective. In no event shall Surety be liable for any payment due and payable after the effective date of cancellation.

Neither nonrenewal nor cancellation by the Surety, nor failure, nor liability of the Principal to file a replacement bond shall constitute loss to the Obligee recoverable under this bond. The Surety's liability under this bond shall not be cumulative and shall in no event exceed the amount as set forth in this bond or in any additions, riders or endorsements properly issued by the Surety as supplement thereto.

THIS BOND SHALL BE EFFECTIVE _____.

WITNESS OUR HANDS AND SEALS THIS _____ day of _____.

Principal

By: _____

Surety

By: _____

Attorney-in-Fact

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 BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 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.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
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