

## Lottery Sales Retailer Bond

BOND NO.

LOTTERY RETAIL SALES NO.

KNOW ALL MEN BY THESE PRESENTS, That we \_\_\_\_\_  
as PRINCIPAL DBA \_\_\_\_\_, Business Address

\_\_\_\_\_ and the \_\_\_\_\_  
a corporation organized and existing under the laws of \_\_\_\_\_ with its principal  
office at \_\_\_\_\_, as SURETY, are held and firmly bound unto  
THE STATE OF OHIO and THE OHIO LOTTERY COMMISSION, hereinafter called the  
OBLIGEE, in the penal sum of \_\_\_\_\_ DOLLARS, lawful money of the  
United States of America, for which payment, well and truly to be made, we bind ourselves,  
our heirs, executors, administrators, successors, active business principals and assigns,  
jointly and severally, firmly by these presents.

WHEREAS, the aforesaid Principal has been granted or is about to be granted a License to  
engage in the business of Lottery Sales Retailer. Now, therefore, the condition of this  
obligation is such that is said principal shall comply with all laws, rules, policies and  
regulations governing such license, then this obligation shall be void, otherwise to remain in  
full force and effect.

It is further understood and agreed that 1) The liability of the Surety shall in no event exceed  
the penalty of this bond, regardless of the number of years the bond is in force, and 2) Any  
proceedings at law or in equity, brought against Surety to recover any claim hereunder, must  
be commenced within six (6) months from the effective date of termination of the bond.

The surety may cancel this bond at any time by mailing thirty (30) days written notice to the  
Obligee. Said cancellation shall be effective thirty (30) days after receipt of notice by the  
Obligee.

TERM OF BOND: From \_\_\_\_\_ to \_\_\_\_\_ **(All bond terms  
shall be one year unless renewed for additional terms by continuation certificate  
issued by the surety)**

SIGNED and SEALED this \_\_\_\_\_.

PRINCIPAL:

BY: \_\_\_\_\_  
(Typed Principal Name) \_\_\_\_\_

BY: \_\_\_\_\_  
Attorney-in-fact

Seal or stamp  
of insurance  
company.

## 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: \_\_\_\_\_

TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? \_\_\_\_\_  
(Street) (City) (State) (Zip)

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.

**Worldwide Insurance Specialists, Inc**  
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**Phoenix, AZ 85015**

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**Local (602) 749-0702**  
**Fax: (602) 674-8235**

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