

## **Completing the Surety Form**

If the principal is a partnership, a partner with authority to bind the partnership must sign the surety agreement. If the principal is a corporation, the president or vice president of the corporation must sign, and the corporate secretary or treasurer must attest to the first signature. The titles of the officers must be supplied.

It must appear by the Power of Attorney or by a corporate certificate, that the agent for the surety had authority to sign on the date of the bond. The signature of the surety agent must be witnessed.

All information and signatures must be provided. If not, the bond will be returned, causing delay in opening the account.

Complete the E-ZPass Commercial Application. This informs the Pennsylvania Turnpike Commission E-ZPass Customer Service Center where and to whom the invoice is to be sent, are where and how many transponders are to be shipped. When the Surety Bond, the E-ZPass Application and CVO Agreement(s) are complete, return both to:

**The Pennsylvania Turnpike Commission  
Credit and Collections Department  
Post Office Box 67676  
Harrisburg, PA 17106-7676**

If you have questions regarding completion of any form, please call the Pennsylvania Turnpike Commission E-ZPass Customer Service Center at 1-877-PENNPASS.

\*Values are subject to change

Bond # \_\_\_\_\_

**SURETY**

**KNOW ALL MEN BY THESE PRESENTS, THAT \_\_\_\_\_**

\_\_\_\_\_ of \_\_\_\_\_  
(Address & Zip Code)

as Principal, and \_\_\_\_\_

of \_\_\_\_\_  
(Address & Zip Code)

a corporation of the State of \_\_\_\_\_, as Surety,  
are held and firmly bound unto the PENNSYLVANIA TURNPIKE COMMISSION  
("OBLIGEE") with its principal office at Harrisburg, Pennsylvania, in the full and  
just sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), lawful money of the  
United States, for the payment of which sum well and truly to be made, we bind  
ourselves, our heirs, administrators, executors, successors and assigns, jointly and  
severally, firmly by these presents.

WHEREAS, the Principal desires the extension of credit for the use of the  
Pennsylvania Turnpike System, and the Obligee is willing to extend credit to the  
Principal for such use, provided a bond with good and sufficient corporate surety,  
securing the payment for the use of the Pennsylvania Turnpike System is deposited  
with the Obligee.

NOW, THEREFORE, the condition of this obligation is such, that if the  
Principal shall within thirty (30) days from the postmarked date of the monthly  
invoice (s) pay unto the Obligee the amount of the invoice (s), then this obligation  
shall be null and void, otherwise it shall remain in full force and virtue.

Bond forms change; this is for educational purposes only

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IT IS FURTHER understood and agreed between the parties, that if the Surety shall so elect, this bond may be cancelled by giving sixty (60) days notice, in writing by registered mail, addressed to the Chief Financial Officer, Pennsylvania Turnpike Commission, P.O. Box 67676, Harrisburg, Pennsylvania 17106-7676, and this bond shall be deemed cancelled at the expiration of the sixty (60) day period; the Surety remaining liable for any and all credit covered by this bond which may have been extended to the Principal to the date of this cancellation, under the terms, conditions, and provisions of this bond.

SIGNED, SEALED AND DELIVERED THIS \_\_\_\_\_ day of \_\_\_\_\_ 19 2011.

(INDIVIDUAL PRINCIPALS SIGN HERE)

In the presence of: \_\_\_\_\_ (SEAL)

(Title)

\_\_\_\_\_ (SEAL)

(Title)

(Title)

\_\_\_\_\_ (SEAL)

(Title)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

(CORPORATE PRINCIPAL SIGN HERE)

ATTEST: \_\_\_\_\_

\_\_\_\_\_ (SEAL)

(Corporate Name)

\_\_\_\_\_ By \_\_\_\_\_

Corporate Secretary

President

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

(SURETY SIGN HERE)

In the presence of: \_\_\_\_\_ (SEAL)

\_\_\_\_\_ By \_\_\_\_\_

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## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                            **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**