

Bond No. _____

BOND UNDER CHAPTER 31-3.1-9(B)

KNOW ALL MEN BY THESE PRESENTS:

That I/We _____ of _____
(CITY)
_____, as Principal and _____
(STATE) (NAME OF SURETY COMPANY)
of _____, _____, a corporation organized and existing
(CITY) (STATE)
under the laws of the State of _____, and authorized to do business in the State of Rhode
Island, as surety, is/are held and firmly bound unto the Registrar of Motor Vehicles, and his successors in office, as
trustees for the benefit of those who have incurred expense, suffered loss or damage, including reasonable
attorneys' fees, by reason of the issuance of a Certificate of Title on a _____
(YEAR) (MAKE)
_____, or on account of any defect in or undisclosed security interest upon
(IDENTIFICATION NUMBER)
the right, title and interest of the said _____ in and to the aforesaid vehicle in the
sum of _____ dollars () for the payment of which sum I/We do
bind myself, ourselves, my/our heirs, executors, administrators, and assigns, and each and every of them, firmly by
these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the said _____ has applied for a Certificate of Title for the said
_____ and has been required by the
(YEAR) (MAKE) (IDENTIFICATION NUMBER)
Registrar of Motor Vehicles to furnish indemnity pursuant to the Title Law, Chapter 31-3.1-9(B), Registry of Motor
Vehicles, State of Rhode Island, or amendments thereof and

WHEREAS, said Obligor(s) has/have undertaken and do hereby agree to pay all legal liability of said
principal for any damage suffered by reason of the issuance of a Certificate of Title on said vehicle or on account of
any defect in or undisclosed security interest upon the right, title and interest of the said _____
in and to the said vehicle not exceeding said sum of _____ dollars ().

NOW THEREFORE, if said Obligor(s) shall pay all legal liability as aforesaid or be otherwise absolved
from paying under the provisions of said Title Law aforesaid, then this obligation shall be void, but otherwise to be
and remain in full force and effect.

IN WITNESS WHEREOF, the said Obligor(s) has/have signed and sealed this instrument on the _____
day of _____.

_____ WITNESS	_____ PRINCIPAL (SEAL)
_____ WITNESS	_____ SURETY
_____ WITNESS	BY: _____ AUTHORIZED AGENT
_____ WITNESS	_____ ATTORNEY-IN-FACT (SEAL)

NOTE: In an amount equal to one and one-half (1½) times the value of the vehicle as determined by the registrar.
Bond must stay in effect for 3 years.

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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