

Forward original bonds to:

RHODE ISLAND DEALERS' LICENSE AND REGULATIONS OFFICE

600 New London Avenue, Cranston, RI 02920-3024

That we _____
 of _____
 as principal and _____
 a corporation organized under the laws of the State of _____
 and authorized to do business in the State of Rhode Island and having an office at _____
 in the State of Rhode Island as surety are held and firmly bound unto the Rhode Island Dealers' License and Regulations Office in the State of Rhode Island in the penal sum of _____ dollars (\$ _____) lawful money of the United States of America, well and truly to be paid to the said Regulations Office or their successors, or assigns, for which payment, well and truly to be made, we bind ourselves, ours heirs, executors, administrators and successors jointly and severally, firmly by these presents. Said Regulations Office may assign to purchasers/sellers of motor vehicles from the principal any and all right arising out of this obligation. WHEREAS, The principal has applied or about to apply to the Rhode Island Dealers' License and Regulations Office for a license to conduct the business of a motor vehicle dealer pursuant to the provisions of Chapter 1499 Public Laws 1956, as amended, for the year commencing _____, 20_____ and ending December 31, 20_____ at _____ in the State of Rhode Island.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said principal shall faithfully comply with the provisions of the motor vehicles dealers license law, being Chapter 1499 Public Laws of 1956 as amended or as hereafter amended, and shall promptly pay all costs and damages incurred or caused by any violation of the provisions of said Chapter or any regulation of the Rhode Island Dealers' License and Regulations Office, then this obligation is to be void, otherwise to remain in full force and effect, subject, however, to the following conditions:

1. The aggregate liability of the Surety on account of any and all defaults hereunder shall in no event exceed the penal sum of this bond.
2. Unless previously canceled, as hereinafter provided, this bond shall be in effect for the period of said license. Ending December 31st of the above-stated calendar year. The Surety may, however, at any time terminate its obligation hereunder by giving sixty (60) days written notice to said Principal and the Rhode Island Dealers' License and Regulations Office, in which event the liability of the Surety shall, at the expiration of said sixty (60) days, cease and determine, except as to such liability of the Principal for violation of said Chapter or regulation of said Regulations Office occurring prior to the expiration of said sixty (60) days.
3. No action to recover hereunder may be brought after the expiration of two (2) years from the termination of this bond.

Signed, sealed and delivered
 in the presence of:

 Print Name of Insurance Agency

Dealership Name: _____

Owner's Signature: _____

 Surety

by _____

Surety Authorized Signature

Title: _____

ACKNOWLEDGEMENT OF PRINCIPAL

(As owner, partner or corporate officer)

STATE OF RHODE ISLAND

County of _____

On this _____ day of _____, 20_____ before me personally appeared the above-named

_____, representing _____

as to me known and known to me to be the same person described in and who executed the above instrument and duly acknowledged the execution of the same.

 Notary Public

Approved _____, 20_____ Rhode Island Dealers' License and Regulations Office

 Administrator

IMPORTANT NOTE: THIS BOND IS NOT VALID UNLESS PROOF OF ACCEPTANCE (Power of Attorney Authorization) FROM INSURANCE COMPANY IS ATTACHED TO THIS DOCUMENT. SUBMIT ORIGINAL BONDS TO THE DEALERS' LICENSE AND REGULATION OFFICE, 600 NEW LONDON AVENUE, CRANSTON, RI 02920

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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015
E-Mail SAM@WWISINC.COM

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