



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
BINGO REVENUE BOND

The State of South Carolina

Bond No. _____

This is an agreement between _____ of _____, South Carolina, (the Principal) and _____ (the Surety), whereby, for consideration given, the Surety agrees to undertake the Principal's obligation to pay to the South Carolina Department of Revenue, on behalf of the State of South Carolina, the sum of _____, lawful money of the United States of America, for the payment of all State fees, interest, penalties, fines and warrant costs that may become due to the South Carolina Department of Revenue by reason of activity involving the manufacture or distribution of bingo cards, or the sponsorship or promotion of bingo games, for which the Principal is licensed pursuant to Title 12, Code of Laws of South Carolina, as amended. The Surety's obligation shall begin as of the date of this bond.

THE FOLLOWING EXPRESS CONDITIONS GOVERN THIS BOND:

- A. The aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the sum of the bond set forth above.
- B. Notice of fees, interest, penalties, fines and warrant costs covered by this bond must be delivered to the Surety at its home office _____ or its duly constituted agents within the city of _____, South Carolina, within 60 days after the assessment of such fees, interest, penalties, fines and warrant costs becomes final, or within 60 days after any protest, appeal or litigation is exhausted, whichever is later.
- C. Payment must be received by the South Carolina Department of Revenue within 60 days of notice given pursuant to paragraph B above.

TERMINATION OF THE SURETY'S LIABILITY:

- A. The Surety's liability shall terminate 30 days after receipt by the South Carolina Department of Revenue of written notice from the Surety of its desire to terminate further liability, with written acknowledgement by the South Carolina Department of Revenue. However, liability arising from conduct that occurs while the bond is in effect and before termination shall continue unless limited by Section 12-54-85, S.C. Code Ann., as amended (statute of limitations).
- B. In the alternative, the Surety's liability shall terminate on receipt of written notice by the South Carolina Department of Revenue terminating the same. However, liability arising from conduct that occurs while the bond is in effect and before termination shall continue unless limited by Section 12-54-85, S.C. Code Ann., as amended (statute of limitations).

The bond is therefore issued and may be due under the provisions of Title 12, Code of Laws of South Carolina, as amended, and the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns by the terms of this agreement.

SIGNED AND SEALED THIS _____ DAY OF _____, _____.

Principal

Surety

By _____

By _____

Witness as to Principal

Witness as to Surety

Witness as to Principal

Witness as to Surety

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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