



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
STATE MOTOR FUEL USER FEE BOND

Mail to: South Carolina Department of Revenue, Motor Fuel, Columbia, SC 29214-0139.

Bond Number _____

**THE STATE OF SOUTH CAROLINA
KNOW ALL MEN BY THESE PRESENTS**

That _____
(Taxpayer)

Address _____

as principal and the _____
(Bond Company)

a corporation under the laws of the State of _____
duly authorized to transact business in the State of South Carolina as surety are held and firmly bound unto
South Carolina Department of Revenue for and on behalf of the State of South Carolina in the penal sum of _____ Dollars,
lawful money of the United States of America, for payment of which, well and truly to be made, we bind ourselves, our
heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this _____ day of _____, A. D., year of _____.

NOW THEREFORE, the condition of this obligation is such that if _____

shall pay all the user fees, penalties, and/or interest which may be due under the provisions of Chapters 28 and 54, Title 12, Code of Laws of South Carolina, 1976 and Amendments thereto, providing for the requirement of bond for the payment of user fees, penalties and/or interest, then this obligation is to be void, otherwise to remain in full force and virtue.

THIS BOND IS EXECUTED BY THE SURETY COMPANY UPON THE FOLLOWING EXPRESS CONDITION.

Notice of noncompliance with the requirements and applicable provisions of Chapters 28 and 54, Title 12, Code of Laws of South Carolina, 1976, and amendments thereto, must be delivered to the

_____ Company at its

home office _____ or its duly constituted agents within the

city of _____, South Carolina,

within thirty (30) days after discovery.

THE LIABILITY OF THE SURETY HEREUNDER SHALL TERMINATE:

A. Sixty (60) days after receipt by the South Carolina Department of Revenue of written notice from the surety of its desire to terminate liability under its terms,

AND

B. Upon receipt of written notice by the surety from the South Carolina Department of Revenue terminating the same.

Affidavits on back must be completed.

WITNESS AS TO PRINCIPAL

STATE OF SOUTH CAROLINA,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
Witness number one
and made oath that he/she saw the within named _____ Company
represented by _____ sign, seal, and deliver the within Bond, and that he/she with
_____ subscribed their names as witness thereto.
Witness number two

Sworn to and subscribed before
me this _____ day of _____
A. D., year of _____.

To be signed by witness one

Notary Public (L.S.)

Witnesses as to Principal:

1. _____
Principal
2. _____ By _____

WITNESS AS TO SURETY

STATE OF SOUTH CAROLINA,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
Witness number three
and made oath that he/she saw the within named _____ Company
represented by _____ sign, seal, and deliver the within Bond, and that he/she with
_____ subscribed their names as witness thereto.
Witness number four

Sworn to and subscribed before
me this _____ day of _____
A. D., year of _____.

To be signed by witness three

Notary Public (L.S.)

Witnesses as to Surety:

3. _____
Surety
4. _____ By _____

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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