

## South Carolina Department of Motor Vehicles Motor Vehicle Dealer and Wholesaler Surety Bond

**DLA-1B** (Rev. 9/06)

| Dealer Number:   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| P  | lease read instructions on second page  | structions on second page before executing bond.   |  |  |  |  |
| Bond Number:   | Effective Date:   | Time:  | AM PM  |  |  |  |
| KNOW ALL MEN BY THESE P  | RESENTS: that we  | (Firm Name as Licensed)  |  |  |  |  |
| Doing business at  |   | (Firm Name as Licensed)  |  |  |  |  |
| As Principal and   |   | •  | as Surety  |  |  |  |
| South Carolina to indemnify any fraudulent representation or violatic employment of such salesmen or reto Motor Vehicle Dealers and the sto Motor Vehicle Dealers and the store Severally (\$15]  In Fifteen Thousand Dollars (\$15]  In Where I was a several heir where after reissued from time to time where a severally, our joint and several heir where after reissued from time to time where a strictly and faithfully comply with the strictly and faithfully comply with the strictly and faithfully comply with the scope of the violation such Principal or within the scope of the reason of the violation such Principal and void; otherwise it shall reagainst the Principal before making the strictly and shall not auton from license year, to license year, to the strictly and shall not auton from license year to license year, to the sale was a such as the s | within the State of South Carolina, are owner of a motor vehicle, or his legation by said Principal, salesmen, or reprepensatives, of any of the provisions ale and transfer of motor vehicles, in the (CHECK ONE) (2000) – All dealers and/or wholesalers in (2000) – Wholesale Auto Auction, Travests of America, for which payment, wells, executors, administrators, successors ounden Principal desires that a motor the by South Carolina Department of Motor Vehicles of this obligation are such a the aforesaid requirements of law are made to him by such Principal, such the employment of such salesmen or relipal or any such salesmen or represent Motor Vehicle Dealers and the sale and main in full force and effect. It is under the claim against the Surety on this bond. Inatically expire with the license for whom timely payment of the premium the the Department of Motor Vehicles. Since the proposition of the premium the the Department of Motor Vehicles. | al representative, who may be aggreesentatives acting for such Principal of Title 56 of the South Carolina Code aggregate liability amount of:  ot specifically listed in the next category of the Trailer and/or Motorcycle Dealers of the Amount of the Amou | eved by any fraud, within the scope of de of Laws relating ory, or Wholesalers, reselves, jointly and is.  ense be issued and epartment of Motor I truly observe and owner of a motor tives acting for the lamage suffered by itle 56 of the South is obligation shall be tobtain a judgment ontinue indefinitely, celled, a thirty (30) |  |  |  |
| (Principa  |   | (Curatu)   |  |  |  |  |
| (Principa  | 1)  | (Surety)   |  |  |  |  |
| By:(Title)   | Ву  | :  |  |  |  |  |
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## South Carolina Department of Motor Vehicles Motor Vehicle Dealer's and Wholesaler's Surety Bond Instructions

**DLA-1B (IS)** (Rev. 9/06)

 Every applicant for a motor vehicle dealer's and wholesaler's license must furnish the original Surety Bond for the amount required and Power of Attorney on a form to be prescribed by the Executive Director of the Department of Motor Vehicles. The purpose of the bond is to provide indemnity for loss or damage caused an individual due to fraud or fraudulent representation in relation to a sale or transfer of a motor vehicle by a licensed dealer, wholesaler or their employees.

| Surety Bond Amount                  | Which Dealers and Wholesalers must furnish a Surety Bond for this Amount         |  |
|-------------------------------------|--|--|
| Thirty Thousand Dollars (\$30,000)  | All dealers and/or wholesalers not specifically listed in the next category.     |  |
| Fifteen Thousand Dollars (\$15,000) | Wholesale Auto Auction, Travel Trailer and/or Motorcycle Dealers or Wholesalers. |  |

- 2. The Executive Director of the Department of Motor Vehicles has prescribed a standard form of bond for motor vehicle dealers Motor Vehicle Dealer and Wholesaler Surety Bond (Form DLA-1B), which is set forth on the reverse side hereof.
- 3. This bond must be executed by the applicant, as principal, and by a corporate surety company authorized to do business in this State, as surety, and given to the Department before the application can be acted upon.
- 4. This bond must be signed by either the owner, partner or corporate officer of the dealership (Principal) and an agent from your surety company.
- 5. The bond must be effective prior to or at the time of the granting of a license.
- 6. If the bonding company has changed, please submit a new original bond and Power of Attorney at the time of renewal.
- 7. If, during the license year, there is any change in a principal's name, address or ownership then an endorsement from the surety agent or a new bond will be required along with a new application for Dealer/Wholesaler License.

## SURETY BOND APPLICATION

| AGENCY NAME:                               |                    |                                  | AGENCY CONTA       | CT              |                                       |  |
|--|--------------------|----------------------------------|--------------------|-----------------|---------------------------------------|--|
| AGENCY PHONE:                              | AGENCY FA          | AGENCY FAX: E-MAIL:              |                    |                 |                                       |  |
| AGENCY ADDRESS:                            |                    |                                  |                    |                 |                                       |  |
| (Street)                                   | LOOKING TO BEAT    |                                  | (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:                          |                    |                 |                                       |  |
| OBLICEE:                                   |                    |                                  | EXP.DA             |                 |                                       |  |
| OBLIGEE ADDRESS: (Street)                  |                    |                                  |                    |                 |                                       |  |
| BUSINESS NAME:                             |                    | (City)                           | (State)            |                 | (Zip)                                 |  |
| BUSINESS PHONE:                            | BUSINESS FAX:      |                                  | _ Client E-mail    |                 |                                       |  |
| BUSINESS ADDRESS:                          |                    |                                  |                    |                 |                                       |  |
| TYPE OF COMPANY CORP LLC                   | DBA  PARTNERSI     | (City)                           | (State)            |                 | (Zip)                                 |  |
| DATE BUSINESS ESTABLISHED:                 | BUSIN              | NESS TAX ID:                     |                    |                 | _                                     |  |
| HAS ANY COMPANY REFUSED TO ISSUE           | YES NO DO          | YOU HAVE ANY LII                 |                    | EMENTS          | YES 🗆 NO 🗖                            |  |
| BONDS FOR ANY PURPOSE?                     |                    | GAINST YOU?                      |                    | •               | YES   NO                              |  |
| HAS APPLICANT EVER FAILED IN BUSINES       | BOT TEO INO II HA  | S APPLICANT EVE                  | R FILED BANKRUPTCY | 7               |                                       |  |
| SECTION II: GENERAL INFORMATION            |                    |                                  |                    |                 |                                       |  |
| OWNER'S NAME:                              |                    | SPOUSE NAME                      |                    |                 |                                       |  |
| SS#:SPO                                    | USE SS#            | но                               | ME PHONE:          |                 |                                       |  |
| RESIDENTIAL ADDRESS:(Street)               |                    | (City)                           | (State)            |                 |                                       |  |
| ADDITIONAL OWNERS / PARTNERS               |                    | (City)                           | (Sidle)            |                 | (Zip)                                 |  |
| OWNER'S NAME:                              |                    | SPOUSE NAME                      |                    |                 |                                       |  |
| SS#:SPO                                    | USE SS#            | но                               | ME PHONE:          |                 |                                       |  |
| RESIDENTIAL ADDRESS:                       |                    |                                  |                    |                 |                                       |  |
| (Street)                                   |                    | (City)                           | (State)            |                 | (Zip)                                 |  |
| ASSETS                                     | CIALSTATEMENT OF A | UABILITI<br>LIABILITII           |                    |                 |                                       |  |
| CASH IN BANK                               | \$                 | NOTES PAYABLE                    |                    | \$              |                                       |  |
| CASH ON HAND                               | \$                 | NOTES PAYABLE                    | TO OTHERS          | \$              |                                       |  |
| STOCKS & BONDS                             | \$                 | ACCOUNTS PAYA                    | BLE                | \$              |                                       |  |
| ACCOUNTS RECEIVABLE                        | \$                 | FEDERAL & STAT                   | E 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 & UND                    | VIDED PROFITS      | \$              |                                       |  |
|  |                    |                                  |                    |                 |                                       |  |
| TOTAL ASSETS                               | \$                 | TOTAL LIABILITIE                 | :S                 | \$              |                                       |  |
|  |                    | NET WORTH                        |                    | \\$             |                                       |  |
| NAME OF OWNERS                             | NAME & TITLE O     | F OFFICERS                       | PERCENTAGE OF OV   | <u>NNERSHIF</u> | <u> </u>                              |  |
|  |                    |                                  |                    |                 |                                       |  |
|  |                    |                                  |                    |                 |                                       |  |
|  |                    |                                  |                    |                 |                                       |  |

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 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235