



BOND
LICENSE SALES AGENT
TENNESSEE WILDLIFE RESOURCES AGENCY



Bond No. _____
(must be filled in)

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Individual)

_____ as Principal, and
(Firm Name) *(Address)*

(Surety Company)

as Surety, acknowledge ourselves well and truly bound to the Tennessee Wildlife Resources Agency in the just and penal sum of \$ _____, for prompt and punctual payment of which we bind ourselves, our assigns, successors, executors, administrators and heirs.

But the condition of the bond is that the said _____
has been duly designated and appointed as a **LICENSE SALES AGENT** for the Wildlife Resources Agency.

NOW THEN, should the above bound Principal faithfully and fully account for and pay over monthly any funds derived from the sale of such licenses and permits and assume full responsibility for all licenses and permits intrusted to said agent and agree to return such licenses at any time upon demand of the Wildlife Resources Agency, or pay the full value therefor, then this obligation shall be null and void; otherwise to be in full force and effect.

Provided, however, the Surety hereunder has the right of cancellation of any and all liability under the terms and conditions of this bond by giving thirty (30) days written notice to the Tennessee Wildlife Resources Agency, P. O. Box 40747, Nashville, Tennessee 37204; and, provided, further, that the cancellation shall not relieve the Surety of any liability which shall have accrued prior to the effective date of said cancellation. However, in the event the Principal defaults or is delinquent on the provisions of the license sales agent agreement the Agency shall properly notify the

Surety at _____
(Surety Name)

(Surety Address)

The term of the bond shall be for an indefinite period from _____, 20____

WITNESS the hands of the parties on this the _____ day of _____, 20____

Witness:

(Firm Name)

By: _____
(Signature) *(Title)*

By: _____
(Surety Company)

By: _____
(Signature) *(Title)*

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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