

Bond #

Known by all men by these presents that we _____ (Trucking Company)

Hereinafter called "Principal" and _____ (Insurance Company),

duly authorized to transact the business of Indemnity and Suretyship in the state of Tennessee, as Surety (hereinafter called "Surety"), are held and firmly bound unto EFS TRANSPORTATION SERVICES, INC. or its assignee, 7000 Goodlett Farms Parkway - 2nd Floor, Cordova, TN 38016 - 4916, hereinafter called "Obligee", in the penal sum of _____ (\$_____) Dollars, lawful money of the United States of America for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally by these presents.

The conditions of this obligation are such that the above bounden Principal from time to time will request Obligee to advance sums of money on their behalf.

Now, therefore, if the above bounden Principal shall repay the Obligee all sums of money which are so advanced, then this obligation shall be null and void otherwise to remain in full force and effect.

It is further understood and agreed that,

1. This bond shall be in full force and effect indefinitely and that a continuation or renewal certificate is not necessary.
2. Regardless of the number of years, this bond remains in force, the aggregate liability of the Surety for any and all claims shall in no event exceed the penal sum of the bond.
3. This bond may be canceled by the Surety as to future liability fifteen days after receipt by the obligee of written Notice of Cancellation, said notice to be sent by certified mail.

In witness whereof, said Principal and said Surety, have caused these Presents to be duly signed and sealed this _____ Day of _____ 20____

Principal

By (title)

Name of Insurance Co.

By (Attorney in Fact)

*Notice: Once you have secured your bond, please remit it to - EFS / Western Union Transportation Service
7000 Goodlett Farms Parkway - 2nd Floor
Cordova, TN 38016 - 4916
Attn: Accounting Department*

Bond forms change; this is for educational purposes only

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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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