

**BLANKET SURETY BOND FOR THE OPERATIONS OF
VEHICLES USED EXCLUSIVELY FOR THE TRANSPORTATION OF:**

(Check only one)

☐ Ready-Mix Concrete ☐ Concrete Pump Truck

BOND NO. _____

THE STATE OF TEXAS

KNOWN ALL PERSONS BY THESE PRESENTS:

COUNTY OF _____

That we, _____ of

_____ as Principal, and the

Street or Box Number

City

County

State, Zip Code

_____, of _____ as Surety, are held and firmly bound unto the Texas Department of Transportation and to the principal sum of \$ _____ (subject to limitations hereinafter set out), to the payment of which, well and truly be made, we hereby bind ourselves, our heirs, executors, administrators, and assigns.

The condition of the above obligation is such that the said _____, as Principal, will make payment to the Texas Department of Transportation within the limits of this bond of and for any and all damages that may be sustained to any highway by virtue of the operation of the motor vehicle or vehicles described on the sheet attached hereto and made a part hereof the same as though fully copied herein.

The said vehicles are to be used exclusively to transport ready-mix concrete or a concrete pump truck by the said _____, for which authorization is made to operate under the provision of Transportation Code, Chapter 622.

The obligation of the Surety in connection with the operation of any vehicle is limited to \$1,000 per vehicle.

NOW, therefore, if the said _____ shall pay to the Texas Department of Transportation within the limits of this bond for any and all damages that may be sustained to any highway as above recited by virtue of the operation of the above named equipment under the provision of the law referred to above, beginning with the date of this bond and ending August 31, following; then this obligation is to be null and void, otherwise to remain in full force and virtue at law.

Effective this _____ Day of _____, A.D. _____.

Countersigned

BY: _____
Texas Resident Agency of the Surety
(Signature is required if the bond is not issued in the State of Texas)

PRINCIPAL _____ Date _____
BY: _____
(Title)

Surety _____ Date _____
BY: _____
Attorney-in-Fact

(Texas Department of Insurance Number)

INSTRUCTIONS: Complete Form 1382-A in duplicate, submit both copies to the Texas Department of Transportation, Attn: Motor Carrier Division, 125 E. 11th Street, Austin, Texas 78701-2483. In addition please submit a complete list of the vehicles covered under this bond.

NOTE: A copy of the original bond must be carried in the cab of the vehicle hauling the commodity specified on this bond.

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023 and 559.004 of the Texas Government Code, you are entitled to receive and review the information, and to have us correct erroneous information.

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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
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