BOND NO.	
BOND NO.	

TC-763F.ai Rev. 3/06

FUEL TAX SURETY BOND

KNOW ALL PERSONS BY THESE PRESENTS: That
of (Street Address)
(City), County of, Utah ("Principal"), and, duly certified by the Utah Departmen
of Insurance (State of Utah certificate number #) to do business in the State of Utah, and with a rating of at least B+ with the A.M. Best Company, ("Surety"), are jointly and severally held and firmly bound to the people of the State of Utah in the sum of
THE CONDITION OF THIS OBLIGATION IS SUCH, That
WHEREAS, the above bounden Principal has applied for a fuel tax license within the State of Utah, and that pursuant to the application, a license has been or is about to be issued.
WHEREAS, a demand has been made upon the above bounden Principal by the Utah State Tax Commission ("Commission") for security for the payment of fuel taxes.
NOW, THEREFORE, if the above bounden Principal shall comply with all the provisions of Title 59, Chapter 13, Part 2, 3 o 4, Utah Code Ann. (1953, as amended), and in particular, pay all taxes, interest, and penalties when due, the Surety shall have no obligation to perform under this bond.
Upon failure of the Principal to comply with any or all of the provisions of Title 59, Chapter 13, Part 2, 3 or 4, Utah Code Ann. (1953, as amended), and in particular on the Principal's failure to pay all taxes, interest, and penalties promptly when due, and when demanded by the Commission, the Commission may make demand upon the surety for the payment of the amount of the unpaid taxes, interest, and penalties by the Principal up to, but not to exceed the amount of the Surety's liability as defined by this bond, and in addition any costs or attorney's fees incurred in collecting the same from the Surety.
This bond does not limit the liability of the Principal under Title 59, Chapter 13, Part 2, 3 or 4, Utah Code Ann. (1953, as amended).
The Commission, through its authorized agents, reserves the right, at any time, to require a bond of greater amount that this bond whenever the Commission deems it necessary to comply with the provisions of Title 59, Chapter 13, Part 2, 3 o 4, Utah Code Ann. (1953, as amended).
This bond shall remain in continuous force and effect until terminated as hereinafter provided. The Surety may at any time terminate this bond by giving 30 days written notice by certified mail to the Utah State Tax Commission, Attention Directo Taxpayer Services Division, 210 North 1950 West, Salt Lake City, Utah 84134. Notwithstanding termination, this bond shall remain in effect for the liability that accrued or was incurred prior to the date of termination, regardless of whether the liability was assessed, established, known, due, or demanded by the Commission prior to the date of termination.
The provisions of this bond shall be interpreted in accordance with the laws of the State of Utah.
This bond is non-transferable.
IN WITNESS WHEREOF, the parties have executed this bond at
, thisday of, EFFECTIVE DATE:
ByPrincipal
Surety
D.,

Attorney in Fact

Countersignature of Resident Agent

INDIVIDUAL ACKNOWLEDGMENT OF PRINCIPAL

COUNTY OF	SS			
On thisday of	 F	in the vear 20 be	fore me personally appeared	, to me
known and known to me	to be the person,	and described in, and who execu	ited the foregoing instrument, and acknow	ledgment to me that he executed the same
(NOTARY SEAL)				
				Notary Public
	LLP/P	ARTNERSHIP OR FIRM /	ACKNOWLEDGMENT OF PRINC	CIPAL
STATE OF UTAH	SS			
COUNTY OF		in the year 20 bef	ore me personally appeared	, to me
known and known to me	to be of the firm o	f		, described in, and who
executed the same as ar	nd for the act and o	deed of said firm.		
(NOTARY SEAL)				
				Notary Public
		CORPORATE ACKNOW	LEDGEMENT OF PRINCIPAL	
		(TO BE COMPLETED BY COR	PORATION WITH CORPORATE SEAL)	
CTATE OF LITALI	00			
STATE OF UTAH COUNTY OF	SS	•		
On thisday of	f	, in the year 20 bef	ore me personally appeared	, to me
known, who, being by me		epose and say: That he resides in of the	the corporation described in	and which executed the above instrument
that he knew the seal of		and that he signed his name there		rand which executed the above instrument
(CORPORATE SEAL)	•		(NOTARY SEA	L)
				Notary Public
				Notary i dolle
		OPPODATE ACKNOWL	EDGEMENT OF PRINCIPAL/LLC	
	(TO F	SE COMPLETED BY LLC OR CO	PROPACTION WITHOUT CORPORATE S	FAL)
	(.02			
STATE OF UTAH	SS			
COUNTY OF day of		in the year 20	fore me personally appeared	, to me
known, who, being by me	e duly sworn, did d	epose and say: That he resides in	I	, to the
also sufficient also such a laboration	to	of the	, the corporation which exe	, that he is the cuted the above instrument and which is ed to do so.
(NOTARY SEAL)	e signed the above	mentioned instrument on benair	of said corporation; that he was authorize	ed to do so.
(110111111011111)				
				Notary Public
		AFFIDAVIT OF QUA	ALIFICATION BY SURETY	
STATE OF UTAH COUNTY OF	SS			
COONTT OF			being first duly swo	rn, on oath deposes and says that he is the
			nd that he is duly authorized to execute an	d deliver the foregoing obligations; that said
company is authorized to and obligations.	execute the same	and has complied in all respects	with the laws of Utah in reference to beco	ming sole surety upon bonds, undertakings
and obligations.				
Subscribed and sworn to				
thisday of				
My Commission expires: (NOTARY SEAL)				Notary Public
, ,,				

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT	
AGENCY PHONE:	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	BOS 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 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