

Bond No. _____

Utah State Tax Commission *****

BOND OF MOTOR VEHICLE INSPECTION STATION

KNOW ALL PERSONS BY THESE PRESENTS: That we _____
_____ of (Street Address) _____

Utah, as Principal, and _____,
a Surety Company qualified and authorized to do business in the State of Utah, are held and firmly bound
unto the State of Utah, in the full penal sum of Ten Thousand (\$10,000) DOLLARS, lawful money of the
United States, for the payment of which, well and truly to be made, we, and each of us, bind ourselves, our
heirs, executors, administrators, and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____.

NOW, THEREFORE, the above bound Principal has entered into an agreement with the Utah State Tax
Commission, State of Utah, to maintain the security of motor vehicle registration decals while participating in
the web-based "on the SPOT" renewal program. The Principal shall make compensation to the State for
damages in the form of forfeited revenue resulting from stolen, lost, or otherwise unaccounted for renewal
decals that were in the hands of the Principal.

FURTHER, that the Surety shall have the right to terminate any future liability hereto by serving written
notice of election to do so upon the Principal and upon the Utah State Tax Commission, Attn: Assistant
Director, Motor Vehicle Division, 210 N. 1950 W., SLC, UT 84134-0290 and thereupon the said Surety will
be discharged from any future liability hereunder for any failure of said Principal to comply with conditions
herein set forth occurring after the expiration of thirty (30) days from and after the service of such notice.

PROVIDED that the total liability for all causes of action arising during the period for which this bond is
written shall not exceed the sum of Ten Thousand (\$10,000) DOLLARS.

IN WITNESS THEREOF, the said Principal has hereunto set his hand and seal, and the said Surety has
caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed
the day and year written.

Signed and sealed this _____ day of _____, _____.

_____, Principal

_____, Surety

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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