



**COMMONWEALTH OF VIRGINIA  
LOTTERY RETAILER SURETY BOND**

**SURETY COMPANY BOND #** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That we, \_\_\_\_\_  
as Principal and \_\_\_\_\_, incorporated  
under the laws of the State of \_\_\_\_\_ and authorized to do business in the  
Commonwealth of Virginia, as Surety are held and firmly bound unto the State Lottery  
Department. Commonwealth of Virginia, as obligee, in the penal sum of aaaaaaaaaaaaaaaaaaaaaa  
Dollars (aaaaaaaa), lawful money of the United States of America, for which payment, well  
and truly to be made, we bind ourselves, our heirs, executors, administrator, successors and  
assigns jointly and severally, firmly by these presents.

**WHEREAS**, the above bound Principal has obtained or is about to obtain from the Obligee, a  
license as a Lottery Retailer at the following physical location: \_\_\_\_\_  
\_\_\_\_\_ and the term of said license shall be for a period  
of year effective during the month of the lottery retailer's license approval,

**NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH**, that if the  
above bound Principal shall make payment of all sums due the Obligee for lottery tickets and  
proceeds and comply with all statutes, rules, and regulations pertaining to said license, than this  
obligation shall be null and void, otherwise to remain in full force and effect.

**PROVIDED**, that this bond shall be effective on \_\_\_\_\_  
And shall continue in force for one year; unless said bond is continued in force from year to year  
by the issuance of a continuation certificate executed by the Surety hereon; and

**PROVIDED FURTHER**, that regardless of the number of years this bond shall continue in  
force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the  
amount of this bond, and

**PROVIDED FURTHER**, this bond may be cancelled by the Surety as to subsequent liability by  
giving thirty (30) days notice in writing by certified mail to the Director, State Lottery  
Department, 900 East Main Street, Richmond, Virginia 23219.

Signed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Seal)

By: \_\_\_\_\_ By: \_\_\_\_\_

**SEE SECOND PAGE FOR ACKNOWLEDGEMENT OF SURETY- RETURN BOTH TO THE VIRGINIA LOTTERY**



**AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY**

**COMMONWEALTH OF VIRGINIA**

City/County of \_\_\_\_\_ To wit:

I, \_\_\_\_\_, notary public for the Commonwealth of Virginia, attest that \_\_\_\_\_ appeared before me and made oath or affirmation that he/she is attorney-in-fact of the

\_\_\_\_\_, that he/she is duly authorized to execute the forgoing bond by virtue of a certain power of attorney said company, dated \_\_\_\_\_ and recorded in the Office of the Clerk of the Circuit Court of City/County of \_\_\_\_\_

In Deed Book No. \_\_\_\_\_, page \_\_\_\_\_, that said power of attorney has not been revoked, that said company is legally qualified to do business in Virginia, and that the said \_\_\_\_\_ thereupon, in the name and on behalf of the said company, acknowledges the foregoing writing as its act and deed.

My term of office expires \_\_\_\_\_, 20\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

## 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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**Phoenix, AZ 85015**  
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