

PLAINTIFF'S BOND FOR LEVY OR SEIZURE

CASE NO. _____

Commonwealth of Virginia Va. Code § 8.01-537.1

COURT NAME

PLAINTIFF(S)

v.

PRINCIPAL DEFENDANT(S)

OTHER PRINCIPAL:

Giving bond as possessor of attached property:

BOND AMOUNT \$	RECEIPT NO. (IF CASH BOND)
DATE RECEIVED	DATE DISBURSED

NAME

ADDRESS

ADDRESS of Property Posted as Security:

SURETY: (Names and Addresses)

The undersigned each hereby acknowledges himself, his heirs, and his assigns indebted jointly and severally to any person who sustains damages because of the suing out of the attachment in this case in the sum of

\$ _____ that is secured by Cash [OR] Surety [OR] Property

(and if secured by property, the undersigned, having demonstrated the nature of their interest in the property also make oath that the equity of the undersigned in the property equals or exceeds the amount of this bond).

The undersigned each waives all benefit of the homestead exemptions as to the debt of this bond.

The conditions of this obligation are that:

1. If any property is seized to process for seizure issued on the petition of Plaintiff(s), and the right of possession is adjudged against Plaintiff(s), then such property shall be redelivered by Plaintiff(s) to Defendant(s) or to the person from whose possession it was taken; and
2. Plaintiff(s) shall pay all costs and damages awarded against Plaintiff(s) in this case or sustained by any person as a result of an unlawful levy or seizure.

If Plaintiff(s) faithfully fulfill these conditions, this debt will become void; otherwise this debt shall remain in full force and effect until satisfied, declared void or released by a Court of competent jurisdiction, or released by Defendant(s).

(SEAL)

SURETY

(SEAL)

PLAINTIFF OTHER PRINCIPAL

(SEAL)

SURETY

Subscribed and sworn to before me this day.

DATE

CLERK MAGISTRATE JUDGE

NOTARY PUBLIC: My Commission Expires _____

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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 **Toll Free: (888) 518-8011**
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