

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
RICHMOND, VIRGINIA 23215

Surety's Bond No. \_\_\_\_\_

TOBACCO WHOLESALER'S CHECK GUARANTEE BOND

Know All By These Presents, That \_\_\_\_\_  
(Name of Principal)

\_\_\_\_\_  
(Number, Street or Route)

\_\_\_\_\_  
(City, Town or Post Office, Zip Code)

hereinafter referred to as Principal, and

\_\_\_\_\_  
(Name of Surety)

hereinafter referred to as Surety, incorporated under the laws of the State of \_\_\_\_\_ and duly authorized to do business in Virginia, with its home office in the City of \_\_\_\_\_ in the said State are held and firmly bound unto the State Tax Commissioner of the Commonwealth of Virginia in the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), lawful money of the United States of America, to be paid to the said State Tax Commissioner, to whom payment will and truly to be made, we do hereby bind ourselves, jointly and severally, our successors and assigns, firmly by these presents.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_

The purpose of this bond or letter of credit is to guarantee to the Virginia Department of Taxation payment for amounts due to it that exceed 30 days. All claims filed by the Virginia Department of Taxation against this bond or letter of credit that state a balance due that is older than 30 days will be paid against this bond or letter of credit.

WHEREAS, the Principal is a qualified tobacco wholesaler and holds a wholesale dealer's permit issued by the Virginia Department of Taxation pursuant to Section 58-757. 10 of the Code of Virginia to purchase Virginia revenue stamps; and,

WHEREAS, Chapter 14.2 of Title 58 of the Code of Virginia (1950), as amended, requires the Principal to purchase Virginia revenue stamps to be affixed to cigarette containers, and the Principal purchases such stamps from the Virginia Department of Taxation in various quantities from time to time and makes payment therefore by check, which the Department of Taxation has required previously to be certified and from which requirement the Principal has requested to be relieved upon the condition that he post a bond in an amount sufficient to cover all checks which he has issued and delivered for such purchases.

NOW, THEREFORE, the condition of this obligation is such that if the checks issued and delivered by such Principal for such purchases shall be honored by the drawee upon presentation, then this obligation shall be null and void, otherwise it shall remain in full force and effect; provided, however, that this obligation may be canceled upon thirty days written notice by registered mail given by the said Surety to, the State Tax Commissioner such cancellation to be prospective in operation only.

This agreement shall be construed in accordance with the laws of the Commonwealth of Virginia.

Witness or Attest: \_\_\_\_\_

Countersigned by: \_\_\_\_\_

\_\_\_\_\_  
(Resident Agent for Virginia)

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, Town or Post Office)

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

\_\_\_\_\_  
(Principal)

By \_\_\_\_\_  
(Signature and Title)

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

\_\_\_\_\_  
(Surety)

By \_\_\_\_\_  
(Signature and Title)

(This bond must be accompanied by a verified copy of the authority of the person executing the same to do so on behalf of the corporate surety.)

000809 12/00

## 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: \_\_\_\_\_

TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? \_\_\_\_\_  
(Street) (City) (State) (Zip)

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**  
**2424 W. Missouri AVE**  
**Phoenix, AZ 85015**

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**Fax: (602) 674-8235**