



Vehicle/Vessel Dealer, Vehicle Manufacturer, Registered Tow Truck Operator, or Wrecker Business Bond

Vehicle/Vessel dealers, vehicle manufacturers, registered tow truck operators, or wreckers use this form when a bond is required for licensing. Send this completed form to:

Business Licensing Service, Department of Licensing, PO Box 9034, Olympia WA 98507

Type of bond (*check one*):

- ☐ Vehicle dealer ☐ Vessel dealer ☐ Registered tow truck operator
☐ Wrecker ☐ Vehicle manufacturer

Business information

Bond number	
Legal entity name and Doing Business As (DBA) name	
City of business location	State

Bonding agent information (*if known*)

Name of bonding agent	(Area code) Telephone number	
Address		
City	State	ZIP code

Bonding company information

Name of bonding company	(Area code) Telephone number	
Address		
City	State	ZIP code

The bonding company organized and existing under the laws of the state of _____ and authorized to transact business in the state of Washington, as surety, are held and firmly bound to a bond in the amount of _____ to be paid to the state of Washington. The conditions the principal, bonding company and the state of Washington agree to by taking out this bond are as follows:

1. As a precondition to receiving and maintaining a license, the license holder must keep this bond in full force and effect. If any cancellation, revocation, or withdrawal by the surety/bonding company occurs, or if the entire bond amount is exhausted, the Department will terminate the license until such time as a new bond for

Legal entity name and DBA name

is provided to the state of Washington with no lapse in coverage.

2. The bond shall become effective, _____, 20_____, and is intended to cover any subsequent periods for which the Department of Licensing may issue a license to the principal. This bond is to be accepted as a continuing obligation until cancelled by the surety with 30 days written notice of cancellation received by the state of Washington Department of Licensing, in accordance with the provisions of the Revised Code of Washington.

X

Signature of owner/ each partner/ corporate officer/ member/ manager of LLC Date

Bonding company seal
(Required)

X

Signature of Attorney in Fact Date

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
2424 W. Missouri AVE
Phoenix, AZ 85015
E-Mail SAM@WWISINC.COM

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Local (602) 749-0702
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