



Seller of Travel/Out-of-State Seller of Travel Surety Bond

This is a surety bond for use by sellers of travel. When completed, send to:
Seller of Travel, Department of Licensing, PO Box 9026, Olympia WA 98507-9026

Know all persons by these presents: That _____
Legal name of applicant/owner

a Sole proprietor Partnership Corporation Limited liability company Other: _____
Type of entity

doing business as _____
Business name

as Principal, at the following address _____
Business address

and/or _____

Legal name of surety provider _____

a Sole proprietor Partnership Corporation Limited liability company Other: _____
Type of entity

organized and existing under the laws of the State of _____
Domicile

and authorized to transact business in the State of Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 dollars lawful money of the United States of America to be paid to the said State of Washington, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

The condition of the above obligation is such that: Whereas, the said principal has made application for a Seller of Travel or Out-of-State Seller of Travel license by the Business and Professions Division of the Department of Licensing of the State of Washington for carrying on the business of a Seller of Travel or Out-of-State Seller of Travel within the State of Washington; and is required by Chapter 19.138 RCW and Chapter 308-129 WAC to furnish a bond in the penal sum of at least \$10,000, but no more that \$50,000 Dollars with good and sufficient surety, conditioned as required by said law.

Now, therefore, if the said principal will comply with all the provisions of Chapter 19.138 RCW of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 19.138 RCW and will pay all amounts that may be adjudged against principal by reason of violation of Chapter 19.138 RCW or any rules or regulations adopted pursuant thereto in the conduct of principal's business as a Seller of Travel or Out-of-State Seller of Travel then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against the principal for damage as a result of any violation by principal or his/her agent of Chapter 19.138 RCW or any rules or regulations adopted pursuant thereto may bring suit on this bond in the Superior Court of the County in which the principal's business is located, or of any county in which jurisdiction of the principal may be had.

Provided further: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided further: That the bond shall be continuous and cancellation is effective thirty days after the Director of the Department of Licensing receives written notice from the Surety of the Surety's intent to cancel the bond.

In witness whereof, the said Principal and the said Surety have affixed their hands and seal this

_____ day of _____, Effective date of bond _____ Bond number _____

Signature of Principal

X _____

Signature of applicant/owner or individual authorized to sign for partnership, corporation, LLC, or other entity

(Surety seal)

Surety

Name _____

Attorney-in-Fact _____

Agency name _____

Resident agent _____

Address _____

Bond forms change; this is for educational purposes only

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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