

**A-133: SURETY BOND**

BOND NO. \_\_\_\_\_

I/we \_\_\_\_\_ of \_\_\_\_\_ as  
*(Legal Name)* *(City and State)*

Principal, and \_\_\_\_\_ of \_\_\_\_\_ as a  
*(Surety)* *(City and State)*

corporation duly licensed and authorized to transact business in the State of Wisconsin, as a Surety, are held and firmly bound to the Wisconsin Department of Revenue in the sum of \_\_\_\_\_ for which payment we bind ourselves and our respective heirs, personal representatives, successors, and assigns jointly and severally.

The condition of this obligation is such that the Principal has applied for, or has obtained, a permit to engage in business subject to taxes according to the provisions of Chapters 66, 71, 77, 78, or 139, of the Wisconsin Statutes and any amendments thereto and a demand has been made upon the Principal by the Wisconsin Department of Revenue for security for payment of taxes imposed under those chapters.

The Principal shall fully comply with all of the provisions of the Wisconsin Statutes indicated above, and pay all taxes, interest, and penalties promptly when due, including taxes, interest, and penalties now due and those which may become due, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

If the Principal is delinquent in the payment of the taxes imposed under the Wisconsin Statutes indicated above, the Wisconsin Department of Revenue may, upon ten (10) days notice, recover the taxes, interest, and penalties from the Surety.

The Surety reserves the right to withdraw as such Surety, except for any liability already incurred or accrued, and may do so upon giving written notice of such withdrawal to the Wisconsin Department of Revenue; provided, that no withdrawal shall be effective for any purpose until sixty (60) days have elapsed from and after the receipt of such notice by the Wisconsin Department of Revenue; and further provided that no withdrawal shall in any way affect the liability of the Surety arising out of any taxes incurred under the provisions of the Wisconsin Statutes indicated above, made by the Principal prior to the expiration of the sixty (60) days, regardless of whether or not an assessment for tax due has been levied before the lapse of the sixty (60) days.

Check one: *(Only one tax type per surety bond is allowed).*

- ALCOHOL BEVERAGE                       CIGARETTE                       SALES AND USE
- TOBACCO PRODUCTS                       FUEL                       NONRESIDENT ENTERTAINER\*

\*6% of the total contract price rounded to the next highest \$1,000 amount

The undersigned Principal and Surety have signed and sealed this bond this \_\_\_\_\_ day of \_\_\_\_\_  
*(Month)* *(Year)*

\_\_\_\_\_  
*(Signature of Principal)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Name of Principal)*

Corporate  
(Seal)

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, and Zip Code)*

\_\_\_\_\_  
*(Signature of Surety)*

\_\_\_\_\_  
*(Title)*

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

Corporate  
(Seal)

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, and Zip Code)*

WITNESSED BY:

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Title)*

WITNESSED BY:

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Title)*

**Mail To:**

Alcohol, Cigarette, Fuel, and Tobacco Bonds  
Excise Tax Unit  
Wisconsin Dept of Revenue  
PO BOX 8900  
Madison WI 53708-8900

Sales and Use Tax Bonds  
Special Procedures Unit 4-SPU  
Wisconsin Dept of Revenue  
PO BOX 8901  
Madison WI 53708-8901

Entertainer's Bonds  
Wisconsin Dept of Revenue 3-164  
PO BOX 8966  
Madison WI 53708-8966

**ACKNOWLEDGMENT BY PRINCIPAL**

**Complete this section if the Principal Is an individual**

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

(seal) \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Complete this section if the Principal Is a partnership**

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, \_\_\_\_\_, partner (or agent) on behalf of  
\_\_\_\_\_, a partnership.

(seal) \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Complete this section if the Principal Is a corporation or limited liability company (circle one)**

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, \_\_\_\_\_,  
of \_\_\_\_\_, a \_\_\_\_\_ corporation/limited  
liability company, on behalf of the corporation/limited liability company.

(seal) \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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