



## Manufactured Home Dealer - Bond

Department of Safety and  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935  
Phone: (608) 266-2112

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

- A bond may be submitted in lieu of a financial statement.
- Submit the original and one copy of the completed form to the above address.
- If you are renewing your license and have previously filed a bond with our organization, submit a copy of that bond.
- If signed by an agent, also attach power of attorney.

Manufactured Home Dealer Number (First-time applicants leave blank) \_\_\_\_\_

Legal Name of Business and DBA (Hereafter called Principal)			
Bond Number		Bond Amount	
Surety Company Name (Hereafter called Surety)		Effective Date (Must begin on license renewal date. First-time applicants contact the Department for effective date.)	
Surety Company Address/City/State/Zip		Term: Continuous	
<b>Bond Amount Criteria ***Check One Box Only***</b>			
No. of Manufactured Homes Sold in the Last 12 Months		<input type="checkbox"/> New Dealer	<input type="checkbox"/> 2-50 homes
Non-Broker		\$50,000	\$50,000
Broker (Also known as Broker-Restricted.)		\$25,000	\$25,000
		<input type="checkbox"/> 51-up homes	\$100,000

The above-named dealer or Principal and the above-named Surety, duly licensed and authorized to transact business in the State of Wisconsin, are firmly bound to the "State of Wisconsin, or any qualified party, for the benefit of any aggrieved parties" as provided under Chapter 218 Wisconsin Statutes and Department of Safety and Professional Services rules adopted thereunder.

- This bond is given to satisfy the provisions and conditions of Chapter 101.951 Wis. Stats., and the rules adopted thereunder.
- This bond and all obligations under it shall remain continuously in full force as long as a license is maintained by the department.
- If a claim is made against this bond, the Department of Safety and Professional Services will send a written notice to the Surety within 10 days; the department will then forward a copy to the Department of Financial Institutions.
- This bond may be terminated only by the Surety by giving 60 days written notice to the Department of Safety and Professional Services. Notice of termination, however, shall not affect this bond respecting any obligation arising prior to the 60 days notice to the department. Termination shall not affect the obligation of the surety, prior to the effective date of cancellation.
- Under no event shall the liability of the surety exceed the penal sum of the bond.

Principal Business Name and D/B/A	Surety Company Name
X Signature of Authorized Corporate Officer, General Partner or Proprietor (If signed by other than an officer, attach power of attorney)	X Signature of Surety Officer or Attorney-in-Fact
Printed Name and Title	Printed Name and Title
Date	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**

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**