



DEALER BOND

Wisconsin Department of Transportation
MV2511 9/2016

Bond Number	Beginning Date (m/d/yyyy)	Continuous
Bond Face Amount		
Legal Business Name	Dealer Location (City) Wisconsin	
Surety Company Name	Surety Location (City, State)	

The above-named dealer as principal and the above-named corporation duly licensed and authorized to transact business in the State of Wisconsin as surety, are firmly bound to the "State of Wisconsin for the benefit of any aggrieved person" as provided under Chapter 218 Wisconsin Statutes.

The conditions of this obligation are such that the above-named principal and the above-named surety are firmly bound to the "State of Wisconsin for the benefit of any aggrieved persons." The face amount of this bond is the sum stated above, lawful money of the United States of America, as made and provided under Chapter 218 Wis. Stats.

The face amount of this bond shall apply separately to each 12 month period (commencing with the beginning date of the bond) during which this bond is effective so that the full face amount shall be entirely available "for the benefit of any aggrieved persons" during each 12 month period this bond is effective; thus, a liability of the surety incurred under this bond for an act of commission or omission occurring in one 12 month period shall not reduce the sum available to less than the above face amount for any other 12 month period during which the bond is effective.

This bond is given to satisfy the provisions and conditions of Chapter 218 Wis. Stats., and the rules adopted thereunder, including the particular applicable sections of the Wis. Stats., as follows:

1. s.218.0114(5)(a) Wis. Stats., in the case of a bond filed by a motor vehicle dealer;
2. s.218.0114(5)(c) Wis. Stats., in the case of a bond filed by a motor vehicle wholesaler;
3. s.218.0114(20)(b) Wis. Stats., in the case of a motor vehicle dealer when a bond is required by the Department;
4. s.218.11(3) Wis. Stats., in the case of a recreational vehicle dealer, when a bond is required by the Department;
5. ss.218.21(1m) and (4) Wis. Stats., in the case of a bond filed in lieu of a financial statement by a motor vehicle salvage dealer;
6. s.218.21(6) Wis. Stats., in the case of a motor vehicle salvage dealer, when a bond is required by the Department;
7. s.218.33(1) Wis. Stats., in the case of a bond filed by a motor vehicle auction dealer; or
8. s.218.41(2)(c) Wis. Stats., in the case of a moped dealer, when a bond is required by the Department.

Within 10 days of any claim made against this bond said surety company shall mail notice to the Wisconsin Department of Transportation.

This bond and all obligations under it shall remain continuously in full force and effect through the date shown above. If this bond is indicated above as "continuous," then this bond shall not automatically expire with the license of the principal, but shall continue from year to year as a new and separate obligation for each 12 month period.

This bond may be terminated by surety giving 60 days written notice to the Wisconsin Department of Transportation. Notice of termination, however, shall not affect this bond respecting any obligation arising prior to 60 days following receipt of a notice of termination by the licensor. If this bond is terminated and is not immediately replaced with another comparable bond, the principal's license shall be suspended or revoked until another comparable bond is obtained. Notice of termination shall also be sent to principal.

In witness, principal and surety have signed this bond.

Date Signed (m/d/yyyy)

(Please place Bond Company Seal here)

(Print – Legal Business Name)

X
(Witness to Principal Signature)

X
(Signature – Owner)

(Print – Surety Company Name)

X
(Witness to Surety Signature)

X
(Signature of Surety Officer, Attorney-in-Fact)

Attach *Power of Attorney* and file this bond to:

Wisconsin Department of Transportation, Dealers Section, PO Box 7909, Madison, WI 53707-7909

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 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

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

E-Mail SAM@WWISINC.COM