

WYOMING DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE SERVICES
5300 BISHOP BLVD.
CHEYENNE, WYOMING 82009-3340

VEHICLE DEALER BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS: That I/We, _____
Legal Name(s), dba and Ownership Structure (Indicate Corporation,
General Partnership, Sole Proprietorship, LLC, etc.)

_____ as **PRINCIPAL**, and
(Dealership Location Address or Box Number, City, State and Zip Code)
_____ a corporation organized under the laws of the STATE OF _____,

and authorized to do surety business in the State of Wyoming, as surety, are held and firmly bound unto the STATE OF WYOMING
in the penal sum of twenty five thousand dollars (\$25,000.00) lawful money of the United States, to be paid to the Wyoming Department
of Transportation, as agent for the State of Wyoming, for which payment well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors, or assigns, and each of them, jointly and severally by these presents:

The above named principal is a vehicle dealer as defined by W.S. 31-16-101 (a) (xviii) and has pursuant to W.S. 31-16-103, made
application with the Wyoming Department of Transportation for a license to operate as a vehicle dealer and is required by W.S. 31-16-
103 (h) to deposit with the above said DEPARTMENT, a surety bond in the amount of twenty five thousand dollars (\$25,000.00) to
guarantee the return by such principal of the dealer license, full use and demo license plates and temporary permits issued thereunder;
and be conditioned that the applicant shall not practice any fraud, fraudulent misrepresentations or violate any federal or state law, rules
or regulations relating to the conduct of the business.

This obligation shall become effective on _____ day of _____, _____, and shall continue in full force
up to and including the _____ day of _____, _____.

Executed by **Surety** on this _____ day of _____.

Name of Principal/Dealership

Name of Surety

BY: _____
Signature (President, VP, CEO, Partner, or Owner)

BY: _____
Authorized Signature

Printed/Typed Name Title

Printed/Typed Name and Title

Signature (Additional Partner or Owner)

Printed/Typed Name Title

Place Surety Seal Here

(Acknowledgments Below Must be Completed)

For Principal Signature 1:

For Principal Additional Signature, if any:

State of _____)

State of _____)

County of _____)

County of _____)

The foregoing instrument was acknowledged before me by _____

The foregoing instrument was acknowledged before me by _____

This _____ day of _____, 20____.

This _____ day of _____, 20____.

Witness my hand and official seal.

Witness my hand and official seal.

Notary Public
My commission expires: _____

Notary Public
My commission expires: _____

(NOTARIAL SEAL)

(NOTARIAL SEAL)

For Surety:

State of _____)

County of _____)

The foregoing instrument was acknowledged before me by _____

This _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public
My commission expires: _____

APPROVED BY ASSISTANT ATTORNEY GENERAL:

Signature

(NOTARIAL SEAL) 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
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