



**MISSISSIPPI MOTOR VEHICLE COMMISSION
BOND OF NEW MOTOR VEHICLE DEALER**

KNOW ALL MEN BY THESE PRESENTS, that we _____

City _____, County _____, State _____.

As Principal (Hereinafter called Principal), and _____

NAME OF SURETY

_____ of _____, as Surety (hereafter called Surety), are held and firmly bound unto the State of Mississippi in the sum of Twenty-Five Thousand Dollars (\$25,000.00), for the payment of which, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The conditions of the foregoing obligation is such that:

WHEREAS, the Principal has been duly appointed a "New Motor Vehicle Dealer", under the provisions of Sections 63-17-51, et seq. of the Mississippi Code of 1972, such Principal shall comply with the conditions of any written contract made by such dealer in connection with the sale or exchange of any motor vehicle and shall not violate any of the provisions of Sections 63-17-51, et seq. of the Mississippi Code of 1972, in the conduct of business for which he is licensed.

It is expressly understood and agreed that neither this obligation nor any liability thereunder shall be released or the validity thereof affected by reason of the adoption by the State of Mississippi of any Act in lieu of or amendatory to said laws, but this obligation shall continue in full force and effect with respect to said statutes or any amendments thereto or changes therein which may be adopted before the cancellation of this obligation as herein provided, or before the actual cancellation and surrender of this obligation by the State of Mississippi pursuant to any law now existing or hereafter adopted relating thereto.

It is further expressly understood and agreed that this bond shall be in effect upon the Principal being licensed by the Mississippi Motor Vehicle Commission and is conditioned upon the Principal complying with the provisions of the Mississippi Motor Vehicle Commission Law and shall expire on the _____ day of _____.

The aggregate liability of the surety for any claimants, regardless of the number of years this bond has been in force or has been in effect, shall not exceed the amount of the bond.

In **WITNESS WHEREOF**, we hereunto set our names and seals on this the _____ day of _____.

SURETY

SIGNATURE OF PRINCIPAL PARTNER, CORPORATE OFFICER

By: _____
SIGNATURE OF AGENT OR SURETY COMPANY

SIGNATURE OF PARTNER

By: _____
SIGNATURE OF MISSISSIPPI RESIDENT AGENT

SIGNATURE OF PARTNER

Telephone (_____) _____

MISSISSIPPI MOTOR VEHICLE COMMISSION

Bond forms change; this is for educational purposes only.

ALL NAMES MUST BE TYPED UNDER SIGNATURES

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ 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: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	

Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

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