

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) (Signature of Surety)

(Title) (Title)

(Name of Principal) Corporate (Seal) (Name of Surety) Corporate (Seal)

(Address) (Address)

(City, State, and Zip Code) (City, State, and Zip Code)

WITNESSED BY:

(Signature)

(Title)

WITNESSED BY:

(Signature)

(Title)

Mail To:

Alcohol, Cigarette, Fuel, and Tobacco Bonds
Excise Tax Section 6-107
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
Nexus 5-144
Wisconsin Dept of Revenue
PO BOX 8906
Madison WI 53708-8906

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 _____
Principal

(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
Name of acknowledging partner or agent
_____, 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 _____,
Name of officer/member
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: _____ EFF.DATE: _____ EXP.DATE: _____
TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
OBLIGEE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ 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

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

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

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
This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Worldwide Insurance Specialists, Inc
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Phoenix, AZ 85015

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