



WORLD WIDE BONDING AGENCY
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NEW YORK - NY DEALER BOND - MVD

Steps: 1.) Fill out Application 2.) Save File/Print 3.) Send to email or fax information listed above

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact whereof, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	<input type="checkbox"/> Insurance Agent <input type="checkbox"/> Applicant <input type="checkbox"/> Attorney <input type="checkbox"/> Other		
Email Address	Phone Number	Fax Number	

APPLICANT INFORMATION

Applicant or Business Name (<u>Exactly</u> as shown on License)	<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP			
Business Street Address	City	State	Zip	
Please indicate any ownership changes in the last 12 months:	Effective date	Bond Amount		
Obligee (owner requiring bond) & Obligee address: <input type="checkbox"/> New Car Dealer <input type="checkbox"/> Used Car Dealer Which best describes your primary business: <input type="checkbox"/> Body Shop <input type="checkbox"/> RV Dealer <input type="checkbox"/> Motorcycle Dealer <input type="checkbox"/> Repair Shop <input type="checkbox"/> Other _____				
How many cars sold last year?	How many cars anticipated to be sold this year?			
Previous Surety? If yes, provide Surety below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason for changing Surety.	
Has the business or any of the owners involved;				
Had any lawsuits or judgments against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had their license suspended, revoked or denied?		
Ever failed in business or declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever been party to a surety bond claim?		
Ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a bond declined or cancelled?		

PERSONAL INFORMATION – Owner #1

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Street Address		City	State	Zip	
# of years you have owned this business:	# of years experience:	% Ownership:	Phone Number:		
Are you directly involved in the day to day operations of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no owners are actively involved, please complete section below on the manager.					
Have you ever had a business under another name? If so, provide previous business name below. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Value of Primary Residence			Balance of Mortgage		

Enter additional owners or manager on the following page

MANAGER SECTION (required if no owners are actively involved)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address		City	State	Zip
How long as a manager?	# of years experience	If you have ever had a business license, under what name was the license?		Have you had any bond claims files against your business? <input type="checkbox"/> Yes <input type="checkbox"/> No

The following only to be completed if more than one owner of the business

PERSONAL INFORMATION – Owner #2 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address		City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:	Phone Number:	
Are you directly involved in the day to day operations of this business? If no owners are actively involved, please complete section on the manager.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever had a business under another name? If so, provide previous business name below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Value of Primary Residence		Balance of Mortgage		

PERSONAL INFORMATION – Owner #3 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address		City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:	Phone Number:	
Are you directly involved in the day to day operations of this business? If no owners are actively involved, please complete section on the manager.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever had a business under another name? If so, provide previous business name below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Value of Primary Residence		Balance of Mortgage		

PERSONAL INFORMATION – Owner #4 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address		City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:	Phone Number:	
Are you directly involved in the day to day operations of this business? If no owners are actively involved, please complete section on the manager.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever had a business under another name? If so, provide previous business name below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Value of Primary Residence		Balance of Mortgage		

TERMS OF SERVICE

Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.

I acknowledge that I have read and agree to the above Terms of Service on the following date: _____