

# MISSOURI MOTOR VEHICLE DEALER BOND

Bond number: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENT, that I/we \_\_\_\_\_

\_\_\_\_\_  
(Dealership Name)

as Principal, and \_\_\_\_\_ a corporation organized and  
(Bonding Company)

existing under the laws of the State of \_\_\_\_\_, and having its principal place of business at \_\_\_\_\_ as Surety, are held and firmly bound unto the State of Missouri, for the benefit of all aggrieved parties in the penal sum of Twenty-Five Thousand Dollars (\$25,000.00) per license year for the payment of which, well and truly to be made, we bind ourselves, firmly by these presents.

WHEREAS the Principal has applied for the issuance of a Motor Vehicle and/or Boat Dealer's license and presents this bond in accordance with Missouri statute(s).

NOW, THEREFORE, if during the period(s) covered by this bond, the aforesaid Principal shall faithfully comply with the provisions of Missouri statutes applicable to new motor vehicle franchised dealers, used motor vehicle dealers, powersport dealers, wholesale motor vehicle dealers, and boat dealers, and shall indemnify for any loss sustained by reason of the acts of Principal when such acts constitute grounds for suspension or revocation of the Principal's license, this obligation shall be null and void. Otherwise this obligation shall remain in full force and effect subject to the following conditions:

The proceeds of this bond shall be paid upon receipt by the Missouri Department of Revenue of a final judgement from a Missouri court of competent jurisdiction against the Principal and in favor of an aggrieved party.

The aggregate liability of the Surety to all persons shall, in no event, exceed the amount of this bond during any one license year.

The bond shall be effective \_\_\_\_\_, and shall expire \_\_\_\_\_ (Bond can be listed as "non-expiring" or must list an expiration date through the end of the calendar year).

This bond may be canceled by the Surety giving written notice to the Principal and Missouri Department of Revenue, stating the date of cancellation, which in no event shall be less than thirty (30) days after receipt of said notice by the Director of Revenue; however, the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

PRINCIPAL'S SIGNATURE

WITNESS

\_\_\_\_\_  
Signature of Principal/Dealer (Seal)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Title

SURETY'S SIGNATURE

WITNESS

\_\_\_\_\_  
Signature of Surety (Seal)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Title

# INTEGRITY 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission 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.

**Integrity Bonds Inc**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**