

SURETY BOND

PRINCIPAL(S) (Legal NAME and Business Address)		TYPE OF ORGANIZATION (Check One)			
		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> CORPORATION		
		<input type="checkbox"/> UNINCORPORATED BUSINESS			
STATE OF INCORPORATION	BOND NUMBER	STATE AUTHORIZED FOR SURETY BUSINESS			
SURETY(IES) NAME(S) AND BUSINESS ADDRESS		SUM OF BOND			
		MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENT(S)
		CONTRACT DATE		CONTRACT NUMBER	

OBLIGATION

The Principal(s) cited above has/have requested, and will, in the future, request the National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration, United States Department of Commerce, to provide inspection services to said paid principal and has/have agreed to pay (at fees effective when inspected) for said services rendered under the referenced contract.

If the principal pays, when due, all fees, including any interest or penalty imposed for late payment, to NMFS for the services rendered; then no other obligation will be incurred for the principal or surety. However, the principal's failure to make prompt payment will bind, jointly and severally, the principal and surety to an obligation which will not be terminated until all indebtedness for inspection services so incurred under the contract shall be liquidated.

The United States of America, acting by and through the Regional Inspection Chief National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration, United States Department of Commerce Western Inspection Branch, 7600 Sand Point Way NE., Bldg. 32, Seattle, WA 98115

Tel: (206) 526-4259

(Region, Address, Phone Number)

_____ reserves the right at any time to terminate this bond by a written notice of such termination to the surety and thereupon this bond shall terminate and be of no more force or effect, except as to any liability already incurred or accrued as to which it shall remain in full force and effect.

The surety herein reserves the right to withdraw as surety from this bond and may do so upon giving thirty (30) days written notice to the aforementioned Regional Inspection Chief, after which time its liability under this bond shall cease, and said bond shall thereupon terminate and be of no force or effect, except as to any liability or indebtedness already incurred or accrued thereunder prior to the date of termination.

It is mutually agreed that the effective date of this bond shall be _____ to _____

IN WITNESS WHEREOF the above bounded parties have executed this instrument under their several seals this _____ day of _____

_____ 19 _____ the name and corporate seal of each corporate party being hereto affixed and duly signed on its behalf by the undersigned representative, pursuant to authority of its governing body.

CORPORATE PRINCIPAL(S)

SIGNATURE(S)		CORPORATE SEAL
1. _____	2. _____	
NAME(S)/TITLE(S) (Typed)		
1. _____	2. _____	

CORPORATE SURETY(IES)

NAME/ADDRESS	STATE OF INC.	LIABILITY LIMIT	CORPORATE SEAL
		\$ _____	
SIGNATURE(S)			
1. _____	2. _____		
NAME(S)/TITLE(S) (Typed)			CORPORATE SEAL
1. _____			
2. _____			
NAME/ADDRESS	STATE OF INC.	LIABILITY LIMIT	CORPORATE SEAL
		\$ _____	
SIGNATURE(S)			
1. _____	2. _____		
NAME(TITLE(S) (Typed)			CORPORATE SEAL
1. _____			
2. _____			

The rate of premium on this bond is _____ per thousand.

Total amount of premium charged is \$ _____

(ABOVE MUST BE FILLED IN BY CORPORATE SURETY)

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, _____ certify that I am the _____ of the corporation named _____ as principal in the within bond; that _____ who signed the said bond on behalf of the principal, was then _____ of said corporation; that I know this signature thereto is genuine; and that said bond is duly signed, sealed, and attested for and in behalf of said corporation by authority of its governing body.

(SIGNATURE)

(DATE)

CORPORATE SEAL

ORIGINAL

Bond forms change; this is for educational purposes only.

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.

Worldwide Insurance Specialists, Inc
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Phoenix, AZ 85015

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