STATE OF ARKANSAS ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

CONTRACTOR'S SURETY BOND

BOND NO.

Pursuant to (The Regulated Substance Storage Tank Act) A.C.A. 8-7-805, amended through Act 1186 of 1991, Act 1019 of 1993, Act 601 of 2001 and Act 193 of 2005

KNOW BY ALL THESE MEN PRESENT, That we of

As Principal and As Surety, a company licensed to do business in the State of Arkansas, and executed by an Arkansas agent, are held and firmly bound unto the State of Arkansas, **Arkansas Department of Environmental Quality**, hereinafter called the **Obligee**, in the sum of **TWENTY-FIVE THOUSAND & NO/100 Dollars (\$25,000.00)**, said sum in the amount of at least Twenty-Five Thousand Dollars (\$25,000.00) lawful money of the United States of America to be paid to said **Obligee**, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, the purpose of this Bond is to insure the proper installation, repair, upgrade, closure or testing of underground storage tanks,

NOW THEREFORE, the condition of this obligation is such that, if the Principal shall faithfully perform all requirements of the Act and shall comply with all rules and regulations of the **Department** made in accordance with the provisions of the Act, and approved by the **Obligee**, pertaining to the License, then this Obligation shall be null and void, otherwise to remain in full force and effect.

The liability of the Surety shall at no time exceed in the aggregate the sum of twenty-five thousand (\$25,000.00) dollars, and shall not be construed as being annually cumulative. The Surety may cancel this bond at any time by filing with the **Department** ninety (90) days written notice of its desire to be relieved of liability.

Dated this day of	,
	_ By:
Principal	
	_ By:
Surety	Licensed Arkansas Agent

 $Rev.\,01/06/13$ Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY PHONE: AGENCY ADDRESS: CURRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (SECTION I: BOND APPLIE Type of Bond:						
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URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE				State		Zip:
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SECTION I: BOND APPLIE	COMPANY WR	ITING THE BON	ND?			
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Obligee):						
Obligee Address						
SECTION II: GENERAL INF	ORMATION					
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Residence Address:		City:		State:		Zip:
Business Name:						
Business Phone: ()					il:	
Business Address:		City:		State:		Zip:
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SECTION III: ADDITIONA	ES TO ANY, PI AL OWNERS O	EASE EXPLAIN	NON A SEPERAN S	RATE SHEET O		PTCY? YES 📋 NO
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Name of Owners		Name and	Title of Office	ers	% OWNERSH	IIP IN COMPANY
COMPLETION OF THIS FORM CONSTI	TUTES PERMISSI	ON FOR WORLDWI	DE INSURANCE S	SPECIALISTS INC. 7	TO OBTAIN CONSU	UMER INFORMATION WHICH
WILL BE USED TO DET		G ELIGIBILITY. THI ANCING WILL BE A	IS INFORMATIO	N WILL BE HELD IN	NTHE STRICTEST	CONFIDENCE

Worldwide Insurance Specialists, Inc Toll I 2424 W. Missouri AVE Loc Phoenix, AZ 85015 Fa E-Mail WWIS@WWISINC.COM

Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235