

TERMITE AND OTHER STRUCTURAL PESTS
AND/OR
HOUSEHOLD PEST AND RODENT CONTROL SURETY BOND

Know ALL MEN BY THESE PRESENTS: That we,

_____ of _____
(Operator) (Address)
Arkansas as Principal, and _____
(Bonding Company)
of _____ as Surety
(Address)

Being currently licensed to do business in Arkansas, are held and firmly bound unto the ARKANSAS STATE PLANT BOARD, in the full and just sum of **FIFTY THOUSAND DOLLARS (\$50,000.00)** lawful money of the United State for payment of which sum, well and truly to be made, we hereby bind ourselves, our and each of our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated the _____ day of _____ 20_____.

THE CONDITION OF THE OBLIGATION IS SUCH THAT:

WHEREAS, the above bounded Principal has taken all necessary legal steps as required by the Arkansas State Plant Board of the State of Arkansas to qualify as a Pest Control Operator and doing and performing such other acts as may be necessary to comply with all requirements of Act 488 of 1975 and Regulations made under the authority of this Act.

NOW THEREFORE, the condition of this obligation is such that if the above bounded Principal shall well and truly comply with the Laws of the State of Arkansas pertaining to Pest Control, then this obligation shall be null and void; otherwise to remain in full force and effect, until **June 30**, _____.

PROVIDED, this bond may be canceled by the Surety by filing thirty (30) days written cancellation notice by registered mail with the Arkansas State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203.

PROVIDED, the total aggregate liability of the Surety under this bond, or any renewals of this bond, shall in no event exceed the above stated penal sum.

IN WITNESS WHEREOF, the Principal has hereunto set his hand and the Surety has caused its corporate name to be hereunto signed, and its corporate seal attached by its duly authorized Attorney-in-fact the day and year first above written.

(Principal)

(Surety-Bonding Company)

(By) Attorney-in-Fact

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.

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