



Department No. _____

Bonding Co. No. _____

Premium Amount _____

MILK HANDLER'S BOND

(Food and Agricultural Code Sections 61405 and 62182)

Know All Persons by These Presents:

That we _____
having a principal place of business at _____
with plant(s) located at _____

(Use additional sheet if necessary.)

as Principal and _____
a corporation duly authorized as an admitted surety insurer in the State of California, as Surety, are held and firmly bound to the State of California,
and in favor of every producer of market or manufacturing milk or cream purchased by said Principal, in the sum of
_____ Dollars (_____), for the payment of which we bind ourselves, our heirs,
executors, successors, and assigns, joint and severally, firmly by these presents.

WHEREAS, the above-named Principal has applied to the Secretary of Food and Agriculture of the State of California for a license entitling said Principal to conduct the business of Milk Handler at the place named in the application, in accordance with the provisions of Division 21, Part 3, Chapters 1 and 2 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code sections 61405 and 62182 require that the Principal file a bond in connection with said Milk Handler's license and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said Principal shall pay all amounts due to producers for market or manufacturing milk or cream purchased by the Principal, then this obligation is void; otherwise it is to remain in full force and effect. The aggregate liability of the Surety for all claims whatsoever shall not exceed the stated sum of this bond.

SURETY WAIVES any right it may have to exoneration based on any extension or extensions of time given or participated in by the Secretary of Food and Agriculture to the Principal to pay for market or manufacturing milk or cream in accordance with the requirements of the Food and Agricultural Code.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with each year of each license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

This bond shall become effective on _____. Surety may cancel or withdraw from this bond pursuant to the provisions of Code of Civil Procedure sections 996.310 et seq.

This bond is executed to comply with the provisions of Chapters 1 and 2 of Part 3, Division 21 of the Food and Agricultural Code and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

Name of Surety

Address

This bond is executed under an unrevoked appointment or power of attorney.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Attorney-In-Fact

Printed or Typed Name of 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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