

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
STRUCTURAL PEST CONTROL BOARD

COMPANY REGISTRATION BOND

(Section 8697, Business and Professions Code)

The premium on this bond is _____ for a _____ year term.

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ Registration No. _____, whose address is _____, California, as Principal, and _____, a corporation organized under the laws of _____, and authorized to transact a

general surety business in the State of California, as Surety, are held and firmly bound unto the State of California in the penal sum of Four Thousand Dollars (\$4,000.00), for the payment of which well and truly to be made we bind ourselves, our heirs, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The above bounden Principal has applied to the Registrar of the Structural Pest Control Board of the Department of Pesticide Regulation of the State of California for the issuance by said Board of a structural pest control company registration, and

WHEREAS, The provisions of Section 8697, Business and Professions Code, require that such applicant maintain a bond issued by an admitted surety in the sum of \$4,000 and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, The conditions of the foregoing obligations are that if the Principal shall:

- (1) Fully comply with all of the provisions of Division 3, Chapter 14 of the Business and Professions Code of the State of California; and
- (2) Reimburse any person damaged by the fraud or dishonesty of said Principal in the performance of any contract between the Principal as a licensee and such person;

then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, This bond is issued subject to the following express conditions, fulfillment of which conditions shall be precedent to all right of recovery hereunder.

1. This bond may be cancelled by the Surety in accordance with the provisions of Section 996.320 of the Code of Civil Procedure of the State of California.

2. Subject to the foregoing provision for termination, this bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the registration period for which registration is granted and for which said Principal Registration may be registered, after which liability hereunder shall cease except as to any liability or indebtedness incurred or accrued hereunder.

PLEASE SEE REVERSE SIDE

3. Every person damaged as a result of a violation of Chapter 14 of Division 3 of the Business and Professions Code of the State of California by the Principal, and any person damaged by the fraud or dishonesty of the Principal in the performance of a contract, may bring an action in a proper court on this bond for the amount of the damage he may suffer as the result of such acts or omissions by the Principal.

4. The Aggregate liability of the Surety hereunder shall not exceed the penal sum of this bond.

IN WITNESS WHEREOF, The Principal and Surety have hereto set their hands and seals this

_____ Day of _____, _____

SEAL

Qualifying Manager

Surety

Address

SEAL

Phone No.

By _____

Attorney in Fact

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.

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