

FOOD PLAN OPERATOR OR MEAT PROCESSOR BOND

Required under

Title 35, Article 33, Colorado Revised Statutes, as amended

**TO BE FILED WITH,**

Colorado Department of Agriculture  
Inspection and Consumer Services  
2331 West 31st Avenue  
Denver, CO 80211-3859

Bond # \_\_\_\_\_

I/we, \_\_\_\_\_

doing business as \_\_\_\_\_

whose business address is: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (zip)

as PRINCIPAL, and \_\_\_\_\_ a surety company qualified and authorized to do business in the STATE OF COLORADO, as, SURETY, do hereby execute and deliver to the COMMISSIONER OF AGRICULTURE of the STATE OF COLORADO this surety bond and are held and firmly bound unto the people of the State of Colorado, in, favor of every consumer purchasing meat, meat products, and frozen food, as required pursuant to Title 35, Article 33, section 403, Colorado Revised Statutes, in the penal sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) lawful money of the States of America, to the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by this bond, from the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, and shall remain so bound until this bond is terminated upon proper notice as set forth below.

This bond shall be conditioned: upon compliance by the PRINCIPAL with the provisions of Title 35, Article 33, C.R.S., the faithful fulfillment of all contracts, and the faithful handling, sale, or storage of meat or meat products or the tendering of any service in connection with the handling, sale, advertising, soliciting, storage of any meat or meat product or frozen food.

NOW, THEREFORE, if said PRINCIPAL shall faithfully observe and comply with all the provisions of Title 35, Article 33, Colorado Revised Statutes, otherwise known as the "Slaughter, Processing and Sale of Meat Animals Act", then this obligation shall be null and void. Otherwise this obligation shall remain in full force and effect.

The SURETY shall have the right to withdraw as surety from this bond, except as to any liability already incurred or accrued, by giving the PRINCIPAL and the COMMISSIONER OF AGRICULTURE, thirty (30) days written notice of such withdrawal, and at the end of said thirty days period of notice, said bond shall terminate, except as to any liabilities or Indebtedness incurred prior to said date of termination.

IN WITNESS THEREOF, we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

Attest: \_\_\_\_\_  
(Secretary of Principal Corporation)

(CORPORATE SEAL OF PRINCIPAL)

By: \_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
(Title of Corporate Officer If Principal is a Corporation)

(SEAL OF SURETY)

\_\_\_\_\_  
SURETY

By: \_\_\_\_\_  
WHO CERTIFIES THAT I AM A LICENSED  
RESIDENT AGENT OF ( ) OR A NONRESIDENT  
BROKER FOR ( ) THE SURETY COMPANY  
NAMED HEREIN, TO WIT:

SURETY COMPANY POWER OF  
ATTORNEY MUST BE ATTACHED

\_\_\_\_\_  
AND AM AUTHORIZED AND QUALIFIED TO  
ACT IN SUCH CAPACITY IN THE STATE OF  
COLORADO UNDER LAWS APPLICABLE  
THERE TO AND HAVE THE AUTHORITY TO  
ISSUE THIS BOND

# 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        |  |
|                           |                                   |                                      |  |
| <b>TOTAL ASSETS</b>       |                                   | <b>TOTAL LIABILITIES</b>             |  |
|                           |                                   | <b>NET WORTH</b>                     |  |
|                           |                                   |                                      |  |
| <b>Name of Owners</b>     | <b>Name and Title of Officers</b> | <b>% OWNERSHIP IN COMPANY</b>        |  |
|                           |                                   |                                      |  |
|                           |                                   |                                      |  |

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**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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

**E-Mail [WWIS@WWISINC.COM](mailto:WWIS@WWISINC.COM)**