

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, or 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., _____

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 THERETO 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	
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.

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