

**Solid Waste Unit
Hazardous Materials and Waste Management Division
Colorado Dept of Public Health and Environment
4300 Cherry Creek Dr South
Denver, CO 80246-1530**



Colorado Department
of Public Health
and Environment

Waste Motor Vehicle Tire Hauler Bond

Surety Bond Number _____

KNOW ALL PERSONS BY THESE PRESENTS:

That we, The Undersigned _____,
_____, whose address for service is _____,
_____, whose type of organization is _____
_____ individual, _____ joint venture, _____ partnership, or _____ corporation and
incorporated in the State of _____, as Principal and
_____, as surety corporation
existing under the laws of the State of _____ and authorized to transact
business in the State of Colorado hereto are firmly bound to the Colorado Department of
Public Health and Environment, Hazardous Materials and Waste Management Division
(hereinafter referred to as the Department), in sum of TEN THOUSAND DOLLARS
(\$10,000) lawful money of the United States, for the payment of which we bind ourselves,
our heirs, executors, administrators, successors, and assigns jointly and severally by the full
amount of the penal sum.

WHEREAS, the Principal is required, under the Regulations Pertaining To Solid Waste Sites
And Facilities, 6 CCR 1007-2 as amended, to have a Certificate of Registration to haul waste
motor vehicle tires, and has applied to the Department for a registration to haul waste motor
vehicle tires in the State of Colorado.

WHEREAS, the Principal is required to provide financial assurance for cleanup and proper
disposal of waste motor vehicle tires;

NOW THEREFORE, the conditions of this obligation are such that if the Principal shall
faithfully comply with all laws, statutes, rules, and regulations applicable to waste motor
vehicle tire haulers, as such laws, statutes, rules, and regulations may be amended, then this
obligation shall be null and void, otherwise it is to remain in full force and effect.

The Surety(ies) shall become liable on this bond obligation only when the Principal has
failed to comply with all laws, statutes, rules, and regulations applicable to waste motor
vehicle tire haulers, as such laws, statutes, rules, and regulations may be amended.

A written claim against said bond shall be made to a principal or the surety company
within two years after the injury.

It shall be the responsibility of the Surety to notify the Division Director immediately upon the payment of any funds which decreases the liability of the Surety under this bond, or if there is outstanding a claim for which the principal and/or bonding company is liable.

The liability of the Surety(ies) shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of this bond, but in no event shall the obligation of the Surety(ies) hereunder exceed the amount of said penal sum.

The Surety(ies) may cancel this bond by sending notification by certified mail, return receipt requested, to the Principal and the Division Director, provided, however, that cancellation shall not occur until the sixty-first (61) day following the date of receipt of the notice of cancellation by both the Principal and the Division Director, as evidenced by the signed return receipts.

The Principal may terminate this bond by sending written notice to the Surety(ies), provided, however, that no such notice shall become effective until the Surety(ies) receive(s) written authorization for termination of this bond by the Division Director.

IN WITNESS WHEREOF, the Principal and Surety(ies) have executed this bond on _____ day of _____, 20____.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety(ies).

Principal

(Signature)

(Name and Title)

Corporate seal of Principal
(if corporation)

Corporate Surety

(Signature)

(Name and Title)

Corporate seal of Surety

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