



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Marketing and Development
Bureau of Agricultural Dealer's Licenses

AGRICULTURAL PRODUCTS DEALER BOND

Section 604.20, Florida Statutes
Rule 5H-1.009
Phone (850) 617-7150; Fax (850) 617-7051

STATE OF _____

BOND NO. _____

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ of _____, as principal
(See instructions on back)

and _____, as Surety,
(Name of Surety Company) (Home Office Address)

are held and firmly bound unto the **COMMISSIONER OF AGRICULTURE OF THE STATE OF FLORIDA** for the use and benefit of every person establishing legal rights hereunder, in the full and just sum of _____ Dollars,

(_____), to the payment of which well and truly to be made, we hereby bind ourselves, our heirs, administrators, executors, successors and assigns, firmly by these presents.

Whereas by Sections 604.15-604.34, Florida Statutes, dealers in agricultural products are required to obtain a license from the Commissioner of Agriculture of the State of Florida and to give bond in such form and amount as shall be approved by the Commissioner, conditioned upon a full compliance with the provisions of the said statutes as amended.

NOW THEREFORE, the condition of this obligation is such that if the above-named principal shall faithfully and truly account for and make payment to producers, their agents or representatives, and/or other licensed agricultural dealers, for all agricultural products bought from or handled or sold for such producers, their agents or representatives, and/or bought from other licensed agricultural dealers as required by Sections 604.15-604.34, Florida Statutes, then this obligation to be void, otherwise to remain in full force and effect.

The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term hereof.

The inception of this bond begins with _____ and this bond continues in effect for one year.

The surety may withdraw from this bond by giving 30 days written notice by certified mail to the Commissioner of Agriculture of the State of Florida, provided such withdrawal shall not release any liability existing hereunder at the time of the effective date of said withdrawal.

Signed, sealed and dated this _____ day of _____, aad _____.
(Insert actual date of execution)

(Please observe instructions for execution on reverse side)

(Seal)
Principal

By: _____
(Owner, Partner, or Corporate Officer)

(Seal)
Surety

By: _____
(Attorney-In-Fact)

Insurance Agency: _____

Agent Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____

Attach Power of Attorney for the person executing this bond for the surety.

INSTRUCTIONS FOR THE PREPARATION AND EXECUTION OF THIS BOND

A. The name of principal on the bond should be correctly stated, and should precisely agree with name of applicant on the **Application for Agricultural Products Dealer License**. (Any material variation may delay issuance of license.)

The name in which business is conducted should follow the name or names of the principal where the applicant does business in a fictitious name.

Examples:

1. Individual operating in own name: "Henry Smith"
2. Individual owner operating in another name: "Henry Smith d/b/a City Produce"
3. Partners operating in another name: "John Doe, Richard Doe, and Mary Doe d/b/a Acme Produce"
4. Corporation or LLC operating in own name: "Chase & Company (a corporation)"
5. Corporation or LLC operating in another name: "John Doe Enterprises, LLC d/b/a Superior Produce"

B. The required amount of this bond will be **twice** the dollar value of business done with Florida producers, their agents or representatives, during the month in which the maximum volume of agricultural products was bought or handled by you as a dealer in agricultural products in any manner and which you list in **Item 12 or 13** on your **Application for Agricultural Products Dealer License**, but no bond shall be for less than \$5,000 nor required to be more than \$100,000.

EXECUTION BY PRINCIPAL

C. If the principal of this bond is:

1. An individual; this bond must be signed by the individual.
2. A partnership; this bond should be executed in the name of the partnership and signed by at least one of the partners.
3. A corporation or LLC; this bond must be executed in the name of the corporation or LLC and signed by a principal of the corporation or LLC who is listed in Item 9 of the **Application for Agricultural Products Dealer License**.

EXECUTION BY SURETY

D. Execution of the bond should be by a properly authorized person, whose title should be shown with impression of the corporate seal of the surety affixed, and a copy of the Power of Attorney of that person attached to the bond.

E. Continuation certificates are not acceptable. A new bond must be furnished to support the License as Dealer in Agricultural Products for each separate license year.

F. The Power of Attorney for the person executing this bond for the surety must be attached to this bond.

G. When completed, the original bond and Power of Attorney should be mailed to:

Florida Department of Agriculture and Consumer Services
Bureau of Agricultural Dealer's Licenses
407 South Calhoun Street, Suite 208
Mayo Building, M-38
Tallahassee, Florida 32399-0800

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