



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**FERTILIZER DEALER'S BOND**

Section 576.041(6), F.S., 5E-1.012, F.A.C.  
Telephone (850) 617-7860

Submit to:  
Florida Department of Agriculture and  
Consumer Services  
Bureau of Compliance Monitoring  
3125 Conner Boulevard, L8, Bldg. 8  
Tallahassee, FL 32399-1650

State of: \_\_\_\_\_ Bond Number: \_\_\_\_\_ County of: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT: That we

\_\_\_\_\_ of \_\_\_\_\_  
as principal and \_\_\_\_\_ of \_\_\_\_\_

a corporate surety company authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the Commissioner of Agriculture of the State of Florida in the sum of \$1,000 (or higher as set forth in Rule 5E-1.012, Florida Administrative Code) to 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.

The condition of this obligation is such that whereas the above-named Principal is engaged in the business of manufacturer, importer, dealer, agent or seller of fertilizer in Florida and has applied to the Commissioner of Agriculture of Florida for a license to adopt and use the reporting system of paying the inspection fee on fertilizer as provided in section 576.041, Florida Statutes.

NOW, therefore, if the said license is granted, and if the said named Principal shall make true and full reports of the tonnage of fertilizer sold as provided in subsection of section 576.041, Florida Statutes, and shall pay to the Commissioner of Agriculture the per ton fee thereon as fixed and required by Chapter 576, Florida Statutes, then this obligation will remain in full force and effect.

It is understood and agreed by and between the parties hereto that this bond as to future liability thereon may be canceled at the instance of either Principal or Surety after 30 days notice in writing given by registered mail to the other party and to the Commissioner of Agriculture, provided that said license to adopt the reporting system shall terminate at the effective date of such cancellation of said bond, unless the Principal shall by set time provide another sufficient bond or certificate of deposit.

In witness whereof, the Principal has hereunto set his hand and seal, and the corporate Surety has hereunto caused its corporate name to be hereunto signed by its duly constituted authority and its corporate seal attached hereto.

This \_\_\_\_\_ day of \_\_\_\_\_,

ATTEST:

\_\_\_\_\_

ATTEST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal

\_\_\_\_\_

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	
<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)**