

BOND

AS DEALER IN AGRICULTURAL PRODUCTS IN STATE OF GEORGIA

STATE OF _____

BOND NUMBER _____

COUNTY OF _____

KNOWN ALL MEN BY THESE PRESENTS: That we _____

of _____ as principal and _____

_____ of _____ as Surety, are held

and firmly bound unto Gary W.Black, Commissioner of Agriculture of the State of Georgia, and his successors in office,

for use and benefit of every person establishing legal rights hereunder, in the amount of _____

_____ DOLLARS (\$ _____), we hereby bind ourselves, our heirs,

administrators, executors, successors and assigns.

WHEREAS by Georgia Law, Dealers in Agricultural Products are required to obtain a license from the Commissioner of Agriculture of the State of Georgia 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, for all agricultural products bought from, handled by, or sold by such producers, their agents or representatives, as required by Georgia Laws, 1956, p. 617, as amended, 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 sum named herein for any and all claims which may accrue during the term hereof:

This bond is effective on and after the _____ day of _____, 20 _____.

The surety may withdraw from this bond by giving 90 days notice by registered mail to the Commissioner of Agriculture, provided such withdrawal shall not release said surety from any liability existing hereunder at the time of the effective date of said withdrawal.

Signed, sealed and dated this _____ day of _____, 20 _____.

In the presence of: _____

(Seal)

Principal

By _____

(Seal)

Surety

By _____

COUNTERSIGNED BY:

Georgia Agent _____

Signature _____

Address _____

Please attach copy of Power-of-Attorney for the person executing this bond for the Surety. This bond must be countersigned by a Georgia Agent of the Surety. When completed, this bond should be mailed to:

Commissioner of Agriculture
340 Agriculture Building
19 Martin Luther King, Jr. Drive, S.W.
Atlanta, Georgia 30334

Bond forms change; this is for educational purposes only.

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.

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 Phoenix, AZ 85015

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