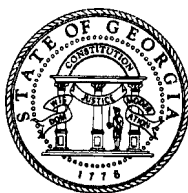


Department of Natural Resources
Environmental Protection Division



SCRAP TIRE PROCESSOR BOND

Scrap Tire Processor Name: _____

Know All Men By These Presents, That we, _____, as Principal, and _____ as Surety, are held and firmly bound to the State of Georgia in the full sum of _____ dollars (\$_____), for the payment of which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above-bound Principal has submitted an application for a Scrap Tire Processor Permit for processing of scrap tires in accordance with the Georgia Comprehensive Solid Waste Management Act, O.C.G.A. 12-8-40.1.

NOW, THEREFORE, the conditions of this obligation are such that if the above-bound Principal shall faithfully and fully perform the requirements set forth in the Georgia Comprehensive Solid Waste Management Act and the rules and regulations promulgated pursuant thereto, both as amended, and faithfully fulfill all obligations of the Scrap Tire Processor Permit, then this obligation shall be void, otherwise of full force and effect.

For value received, Surety agrees that neither the amendment to existing laws, rules or regulations, the adoption of new laws, rules or regulations nor the modification of the permit shall alleviate its obligation under this bond in any way and does hereby waive notice of any such amendment, adoption or modification.

This bond shall be in full force and effect for the duration of obligations, and until the Principal is notified that it is released of its obligation hereunder by the Department of Natural Resources, Environmental Protection Division.

The surety may cancel this bond by sending a notice of cancellation by registered or certified mail, return receipt requested, to Scrap Tire Management Program, Environmental Protection Division, 4244 International Parkway, Suite 104, Atlanta, Georgia 30354; provided, however, such cancellation shall take effect on the date specified in the notice, but in no event earlier than one hundred twenty (120) days after the receipt of said notice as evidenced by the return receipt notice.

The Surety shall become liable on this bond obligation when the Principal has failed to fulfill the conditions of the Scrap Tire Processor Permit and, upon notification by the Director of such failure, the Surety shall make payable to the Director the entire penal sum as indicated hereon.

IN WITNESS WHEREOF, the Principal and the Surety have caused these presents to be duly signed and sealed this _____ day of _____ (20____)

_____(L.S.) _____(L.S.)

Surety

Principal

Officer or Attorney-In-Fact

Officer if Principal Is Corporate Entity

Licensed Registered Agent

Attest: Secretary or Asst. Secretary

(Affidavit on Reverse Side Must be Executed by Principal.)

AFFIDAVITS

STATE OF: _____ COUNTY OF: _____

On this _____ day of _____
_____, 20_____, before me personally came _____
_____, who being by me duly sworn did depose and say; that he resides in _____
_____ and that he is:

- (1) the individual described in and who executed the foregoing instrument as principal, and be duly acknowledged to me that he executed same, or
- (2) a partner of the partnership of _____
(Partnership Name)
described herein and he executed the foregoing instrument, and the said
duly acknowledged to me that he executed the said
instrument in the name of said firm and for it's purposes, or
- (3) the _____ of _____
(Officer) (Company Name)
the corporation described as principal; that it was executed on behalf of the
Corporation and at the direction of the Board of Directors of said corporation and
that he signed his name thereto by like order.

By _____
(Principal)

Sworn to and subscribed before me this _____ day of _____
_____, 20_____,

Notary Public

My commission expires _____

(SEAL)

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