



**Idaho Department of Labor  
Wage and Hour Section**

**Farm Labor Contractor Bond**

**Bond Number: (1) \_\_\_\_\_ KNOW ALL MEN BY THESE PRESENTS:**

That we, (2) \_\_\_\_\_  
are authorized to transact business within the State of Idaho as Principal and (3) \_\_\_\_\_  
\_\_\_\_\_, a corporation duly organized and existing under and by  
virtue of the laws of the State of (4) \_\_\_\_\_, and authorized to transact a surety business within  
the State of Idaho, as Surety, are held and firmly bound unto the Idaho Department of Labor and to  
the above Principal's agricultural employees in the penal sum of (5) \_\_\_\_\_ thousand  
Dollars(6) \_\_\_\_\_, lawful money of the United States of America, for the payment of  
which well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators,  
Successors and assigns jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above named Principal shall pay in full all sums  
legally owing to the Principal's employees, then this obligation is to be void. Otherwise, this  
obligation shall remain in full force and effect.

This bond shall remain in full force and effect from the date of its issuance until (7) \_\_\_\_\_,  
and shall be irrevocable during this period. It is understood that all claims against the bond shall  
be unenforceable unless request for payment of a court judgment, or a lien pursuant to section  
45-620, Idaho Code, has been made by certified mail to the Surety. The aggregate liability of the  
surety shall be limited to the amount of this bond, regardless of the number of years this bond  
shall remain in effect and regardless of the number and amount of claims made hereon.

IN WITNESS OF THIS CONTRACT, the Principal and Surety have affixed their hands and  
seals this (8) \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(9) \_\_\_\_\_ (10) \_\_\_\_\_  
Principal's Name Surety's Name

By: \_\_\_\_\_ BY: \_\_\_\_\_  
Its: \_\_\_\_\_ Attorney in Fact

\_\_\_\_\_  
Printed Name of Attorney in Fact

\_\_\_\_\_  
Business Address and Telephone Number

# 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.

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