

PERFORMANCE BOND For Outfitters/Designated Agents

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS; THAT

Name of Sole Proprietor or Company: _____

Sole Proprietor or Company' address is: _____

_____, as Principal, and

Bonding Company: _____, as Surety, are held and firmly bound unto the State of Idaho Outfitters and Guide Licensing Board (1365 N. Orchard, Boise, ID 83706, (208) 327-7380) as Obligee for the benefit of the Principal's outfitted client or clients in the sum of either (check appropriate amount)

_____ \$10,000 (Ten Thousand and no/100 dollars)

for payment made, we hereby bind ourselves, our and/each of our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, Principal has applied to the STATE OF IDAHO Outfitters and Guides Licensing Board for a license:

NOW, THEREFORE, Principal, and his agents or employees shall conduct Principal's business as an Outfitter pursuant to the terms required by Title 36, Chapter 21, Idaho Code, otherwise known as the Idaho Outfitters & Guides Act, and will faithfully perform his contracts with and duties to his patrons without fraud or fraudulent representation. If Principal shall fail to do so this obligation shall be void and of no effect; otherwise it shall be and remain in full force and effect, subject however, to the following conditions:

1. The term of this bond shall be indefinite, subject to termination as hereinafter provided.
2. The aggregate liability of the Surety for all or any defaults of the Principal hereunder shall in no event exceed the above set forth penalty of this bond.
3. This bond may be cancelled by the Surety at any time as to the accrual of future liability hereunder by giving thirty (30) days advance written notice to the Obligee such to be forwarded by registered mail to the Obligee. It being understood and agreed, however, that the Surety will be liable for any liability accruing up to the effective date of said cancellation notice, in no event, however, in excess of the penalty of this bond.

SIGNED AND DATED this _____ day of _____, 20 _____.

Principal

COUNTERSIGNED:

By: _____

BY: _____
Licensed Idaho Resident Agent

Surety

Address

By: _____
Attorney-in-Fact

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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