

STATE OF IDAHO
SUBSURFACE SEWAGE DISPOSAL INSTALLER BOND

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,

_____ as Principal, and

_____ (name of Surety company), with its

principal office at _____, as Surety, are held and firmly bound unto the STATE OF IDAHO, DIRECTOR, DEPARTMENT OF HEALTH AND WELFARE, OR HIS DESIGNEE, As Obligee, in the sum of _____ (_____), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS _____ day of _____, _____.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS Principal is desirous of obtaining and retaining a license from the DIRECTOR, DEPARTMENT OF HEALTH & WELFARE, OR IS DESIGNEE OF THE STATE OF IDAHO, Obligee, to carry on the business as a Subsurface Sewage Disposal System Installer, in all counties of the State of Idaho commencing on the _____ day of _____, _____.

NOW THEREFORE, If Principal shall, during the period commencing on the aforesaid date, faithfully observe and honestly comply with such Ordinance, Rules and Regulations, and any Amendments thereto, as require the execution of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

PROVIDED HOWEVER, that the aggregate liability of the Surety for all breaches of the conditions of this bond, whether occurring during the period of the original license or any and all renewals thereof, shall, in no event, exceed the sum of this bond.

THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license issued to the Principal above named, but not beyond **December 31,** _____, or sixty days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and cancelled. Provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination and that the maximum liability of the Surety on the bond, regardless of the number of claims filed against the bond shall not exceed the sum of _____ Dollars (_____).

This bond may be extended for a further term by the issuance of a continuation Certificate signed by the Surety and mailed to the District Health Office at the following address.
Cancellation notice will be mailed to the District Health Office at:

By: _____ Principal

(name of Surety company)

COUNTERSIGNED: By: _____ Attorney-in-fact

Idaho Resident Agent

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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