

PERFORMANCE BOND
Tire Removal and Disposal

Date Bond Executed: _____

Effective Date: _____

Principal: _____
(Legal Name of Registrant)

(Business Address of Registrant)

Type of Organization: _____
("Individual", "Joint Venture", "Partnership", or "Corporation")

State of Incorporation: _____

Surety: _____
(Legal Name and Business Address)

Facility Identification for each facility guaranteed by this bond:

(Registration Number)

(Name and Address)

Total Penal Sum of Bond: **\$ 10,000.00**

Surety's Bond Number: # _____

Know All Persons by These Presents, That We, the Principal and Surety hereto, are firmly bound to the **Department of Environmental Management** of the State of Indiana (hereinafter referred to as the Department), in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally.

The Surety may cancel the bond by sending notice of cancellation by certified mail to the Principal and to the Commissioner, provided, however, that cancellation shall not occur during the one-hundred twenty (120) days beginning on the date of receipt of the notice of cancellation by both the Principal and the Commissioner, as evidenced by the return receipts.

Upon notification by the Commissioner that the Principal has failed to provide an alternate financial assurance mechanism chosen from the mechanisms as specified in IC 13-20-14-5 and obtain written approval of such financial assurance mechanism from the Commissioner during the ninety (90) days following receipt by both the Principal and the Commissioner of a notice of cancellation of the bond, the Surety shall place funds in the amount guaranteed for the facility into the standby trust fund as directed by the Commissioner.

The Principal may terminate this bond by sending written notice to the Surety provided, however, that no such notice shall become effective until the Surety received written authorization for termination of the bond by the Commissioner.

The Surety hereby waives notification of amendments to closure plans, the Certificate of Registration identified above, applicable laws, statutes, rules, and regulations and agrees that no such amendment shall, in any way, alleviate its obligation under this bond.

The liability of the surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of the bond, but in no event shall the obligation of the surety hereunder exceed the amount of said penal sum.

The Principal and Surety hereby agree to maintain the penal sum of the bond at \$10,000 as required by IC 13-20-14-5.

In Witness Whereof, the Principal and Surety have executed this Performance Bond and have affixed their seals on the date set forth above.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety.

Principal

(Signature(s))

(Name(s))

(Title(s))

(Corporate Seal - Note: Corporate seal not required by Indiana law)

Corporate Surety

(Name)

(Address)

State of Incorporation: _____

Liability Limit: \$ _____

(Signature)

(Name(s) and Title(s))

(Corporate Seal - Note: Corporate seal not required by Indiana law)

Bond Premium: \$ _____

(For every co-surety, provide signatures and other information in the same manner as for the Surety above.)

Bond forms change; this is for educational purposes only.

SM/CSP:dcb
Revised 1-28-00

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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