

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
Solid Waste Form 1240  
**FINANCIAL GUARANTEE BOND FOR CLOSURE AND POST-CLOSURE**

Bond Number \_\_\_\_\_ Penal Sum \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS** that we, \_\_\_\_\_

\_\_\_\_\_ ,  
a corporation organized and existing under the laws of the state of \_\_\_\_\_ ,

as **Principal**, and \_\_\_\_\_ ,

\_\_\_\_\_ ,  
a corporation organized and existing under the laws of the state of \_\_\_\_\_ ,

as **Surety**, are firmly bound to the Kansas Department of Health and Environment ("KDHE"), in the penal sum of \_\_\_\_\_

U. S. Dollars, (\$ \_\_\_\_\_ ) for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

**WHEREAS**, Principal is required under provisions of K.S.A. 65-3401 *et. seq.* and applicable rules and regulations, as amended, to have a permit to own or operate the Kansas solid waste disposal area or processing facility existing at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Permit No. \_\_\_\_\_ ;

**WHEREAS**, Principal is required by provisions of K.S.A. 65-3401 *et. seq.* and applicable rules and regulations, as amended, to provide financial assurance for the costs of closure, post-closure care, or both of these, at the disposal area or processing facility as a condition to have a permit; and

**WHEREAS**, Principal shall establish a standby trust fund as is required when a financial guarantee bond is used to provide such financial assurance;

**NOW THEREFORE**, the conditions of this obligation are such that, if Principal shall faithfully, on or before the date for beginning closure of the disposal area or processing facility required by the KDHE approved closure plan, fund the standby trust fund in the amount of the penal sum of this financial guarantee bond;

Or if Principal shall faithfully, within 15 days after an administrative order issued by KDHE to begin closure becomes final, or within 15 days after an order to begin closure is issued by a court of competent jurisdiction, fund the standby trust fund in the amount of the penal sum of this financial guarantee bond;

Or if Principal shall obtain alternative financial assurance as allowed by law, rules and regulations, and obtain the written approval from KDHE for its use within 90 days following receipt of a notice of cancellation from Surety by both Principal and KDHE, as evidenced by the certified mail return receipts;

Then this obligation to be null and void; otherwise to remain in full force and effect for the full term of the permit and any modifications or extensions thereof.

Surety shall become liable on this financial guarantee bond only when Principal has failed to fulfill the conditions set forth above.

Upon notification by KDHE to Surety that Principal has failed to perform as guaranteed by this financial guarantee bond, Surety shall place the amount of the penal sum into the standby trust fund according to instructions from KDHE.

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

Surety hereby waives notification of amendments and modifications to the applicable laws, rules and regulations; to the closure and post-closure care plans; and to the terms and conditions of the permit. Surety hereby agrees that no such amendments or modifications shall in any way modify or alleviate its obligation under this financial guarantee bond.

Surety may terminate this financial guarantee bond by sending notice of cancellation by certified mail to Principal and KDHE, provided however, that such termination shall not occur during the 120 days beginning on the date of receipt of the notice of cancellation by both Principal and KDHE, as evidenced by the return receipts. Obligations of Surety arising prior to the termination date shall not be affected by the said termination.

Principal may terminate this financial guarantee bond by sending written notice of the effective termination date to both Surety and KDHE, provided however, that termination shall not occur unless and until Surety receives written authorization for the termination from KDHE.

**IN WITNESS WHEREOF**, Principal and Surety have caused this financial guarantee bond to be executed by their respective officers duly authorized, and their corporate seals to be hereunder affixed and their signatures attested, as of the dates appearing by the signatures below.

Bond Premium \_\_\_\_\_ Effective Date \_\_\_\_\_

**SIGNED FOR THE PRINCIPAL**

**SIGNED FOR THE SURETY**

/S/ \_\_\_\_\_

/S/ \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

**Seal**

**Seal**

**Signature Attested by the Notary**

**Signature Attested by the Notary**

# 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>                     |                        |
| 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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