



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Business Compliance - Hazardous Waste Program

BOND FORM 8909

(for use with BWP HW TDS 01)

Transmittal Number _____

Facility ID (if known) _____

Bond for Licensed Hazardous Waste Transporters in
Accordance With 310 CMR 30.411 Bonding Requirements

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS:

Important;
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do
not use the
return key.

That we _____, of _____
(name of Licensee) (city)
in the County of _____, in _____ as PRINCIPAL, and the
(state)
_____, a corporation duly organized and existing under the laws of
(surely company)
the State of _____ having its principal office at _____
(address)
in the State of _____ and being duly authorized to transact the business of a surety

company in the Commonwealth of Massachusetts, as SURETY, are holden and stand firmly bound and obligated unto the Commonwealth of Massachusetts, acting by and through the Department of Environmental Protection, hereinafter called the Department, as OBLIGEE, in the sum of Ten Thousand and no/100 dollars, \$10,000. Do, to the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these presents

Whereas the PRINCIPAL has made application to the department for a license to engage in the business of transporting hazardous waste within and through the Commonwealth of Massachusetts and to perform related services ancillary to such transportation pursuant to Massachusetts General Laws, Chapter 21 C, and regulations promulgated thereunder.

Now therefore, the conditions of this obligation are such that if the said Department shall grant the application and issue the license above referred to and if the PRINCIPAL or his or its agents, operatives, assistants or employees shall not comply with the provisions of Massachusetts General Laws, Chapter 21 C, or any order issued or regulation promulgated thereunder, or with such other law or order, or regulation of the Commonwealth as may be applicable to anything done by the PRINCIPAL in the pursuance of said license or licensed activities, or fails to faithfully conduct the business and properly discharge all the services which he or it may perform by virtue of such license, then this obligation shall be and remain in full force and effect, subject, however, to the following conditions,

1. That this bond shall be continuous in form; the liability under the bond may be terminated by a surety or bank by giving thirty (30) days written notice to the Department and to the licensee by registered or certified mail, and upon giving such notice, the surety or bank shall be discharged from all liability under the bond for any act or omission of the licensee, one year and 30 days from the date of receipt of the notice by both the Department and the licensee, as shown by the later return receipt.

2. That nothing contained herein shall be construed to impose upon that SURETY any greater liability in the aggregate than the total amount of this bond.

3. After the surety or bank gives such notice, and before the surety's or bank's discharge from liability takes effect, or within another period set by order of the Department, the licensee shall provide evidence of replacement bond coverage; otherwise, the licensee shall be deemed to be without bond coverage in violation of 310 CMR 30.411.

4. The said bond may be enforced in the name of the OBLIGEE by the Attorney General of the Commonwealth of Massachusetts if the PRINCIPAL does not comply with any of the requirements of MGL chapter 21C, 310 CMR 30.000, or a condition of the license or a Department order issued to the PRINCIPAL and if the Department also finds that the PRINCIPAL failed to promptly remedy said failure to comply.

Bond forms change; this is for educational purposes only.



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In witness whereof, the said _____ as PRINCIPAL has hereunto set

_____ signature and seal and the said _____ Company

has affixed its corporate seal and caused these presents to be signed in its behalf by Its duly authorized

thereto this _____ day of _____, 20____

In the presence of

 (Principal)

 (Surety Company)

The above bond examined and
 approved as being for the amount,
 and in the form, by the Department

 Commissioner of the Department of Environmental Protection

ATTACH POWER OF ATTORNEY

Bond forms change; this is for educational purposes only.

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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