



Bond No. _____

Water/Wastewater-ISTS #3.22

Individual Sewage Treatment System (ISTS) Professional Surety Bond

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____ doing business as

(Name of Licensee)

_____ at _____, Minnesota,

(Address)

as Principal, and _____, a corporation authorized

(Name of Surety)

to do surety business in the State of Minnesota, as Surety, are hereby held and firmly bound to the Commissioner of the Minnesota Pollution Control Agency-State of Minnesota and any persons aggrieved by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules, pertaining to the Principal's license or any permit applied for and all contracts entered into, in the sum of TEN THOUSAND DOLLARS (\$10,000.00). For the payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such, that WHEREAS the said Principal is making application with the Minnesota Pollution Control Agency to be licensed as, or has been licensed as, an ISTS Professional:

_____ (specific licenses)

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and ordinances, including all Amendments thereto, appertaining to the license or permit applied for, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the amount set forth above. Any revision of the bond amount shall not be cumulative. This bond may be canceled by the Surety as to future liability by giving written notice to the Minnesota Pollution Control Agency, stating the date of cancellation, which in no event shall be less than thirty (30) days after the mailing of said notice; however, the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled at any time upon giving the said Principal and the Minnesota Pollution Control Agency 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days notice, the liability of the Surety under this bond shall cease.

By their signatures below, the parties certify that the wording of this surety bond is identical to the wording specified in Minn. R. 7080.0920, as the rules were constituted on the date the parties executed the bond.

Signed this _____ day of _____, 20_____.

Signed, sealed and delivered in the presence of:

(Witness as to Principal)

(Licensee name)

(Signature)

(Witness as to Surety)

(Name of Surety Company)

By _____
(Attorney-in-Fact)

Individual or Partnership Acknowledgment

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 19/20 _____, before me, a Notary Public within and for said county, personally appeared, _____ to me known to be the person(s) described in and who executed the foregoing instrument, as Principal(s), and acknowledged to me that _____ s/he executed the same as her/his free act and deed.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

Corporate Acknowledgment

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 19/20 _____, before me personally appeared, _____ to me, who being duly sworn, did depose and say: that s/he resides in _____ the s/he is the _____ President of the _____ the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that s/he signed her/his name thereto by like order.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

Acknowledgment of Corporate Surety

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 19/20 _____ before me personally appeared, _____ to me known, who being duly sworn, did say: that s/he resides in _____ the s/he is the aforesaid officer or attorney in fact of _____ a corporation; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and that said instrument as signed and sealed in behalf of said corporation by the aforesaid officer, by authority of its board of directors; and the aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

Attach surety company Power of Attorney

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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