

LCB License # _____

Surety Company's
Bond Number _____

LANDSCAPE CONTRACTORS BOARD \$3,000 SURETY BOND

KNOW ALL BY THESE PRESENTS:

That _____ as
Principal and _____
a corporation qualified and authorized to do business in the State of Oregon, as surety, are held and firmly
bound unto the State of Oregon for the use and benefit of the State of Oregon and of any other interested person,
in the sum of **\$3,000** to be paid to the State of Oregon, for which payment well and truly to be made, we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these
presents.

NOW, THEREFORE, the conditions of the foregoing obligation are that if said principal with regard to
all work done by the principal as a "Landscape Contracting Business" as defined by ORS 671.520, shall pay all
amounts that may be ordered by the Landscape Contractors Board against the principal by reason of negligent
or improper work or breach of contract in performing any of said work, in accordance with ORS chapter 671
and OAR chapter 808, then this obligation shall be void; otherwise to remain in full force and effect. This bond
is for the exclusive purpose of payment of final orders of the Landscape Contractors Board in accordance with
ORS chapter 671.

This bond shall become effective on the _____ day of _____, _____, and shall remain
in force until cancelled. For the purpose of the Landscape Contractors Board this bond shall become effective
on the date the principal meets all requirements for licensing or renewal and shall continuously remain in effect
until depleted by claims paid under ORS chapter 671, unless the surety sooner cancels the bond. This bond may
be canceled by the surety and the surety be relieved of further liability for work performed on contracts entered
after cancellation by giving 30 days written notice to the principal and the Landscape Contractors Board of the
State of Oregon. Cancellation shall not limit the responsibility of the surety for final orders relating to work
performed during the work period of a contract entered into prior to the cancellation.

This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and
all claims, which may arise hereunder, shall in no event exceed the amount of the penalty of this bond.

This bond shall not be valid for purposes of licensing in accordance with ORS chapter 671 unless filed
with the Landscape Contractors Board within sixty (60) days of the date shown below.

IN WITNESS HEREOF, the Surety has hereto set their hand and seal this _____ day
of _____, _____.

SURETY _____

Name _____

Title _____

Address _____

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
OBLIGEE: _____ EFF.DATE: _____ EXP.DATE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____
DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
ADDITIONAL OWNERS / PARTNERS
OWNER'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
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Local (602) 749-0702
Fax: (602) 674-8235