

NOTE: This form of bond is suggested for use by an individual licensee submitting bond with a surety company as surety. If it is not used, the bond submitted must be approved by the department.

LIVESTOCK AUCTION MARKET BOND

BOND NO. _____

(To expire _____)
(Form for use by Individual Licensee)

KNOW ALL MEN BY THESE PRESENT:

That _____ doing business as
(Individual's Name)

_____ at _____
(State Assumed Business Name) (City)

County of _____ State of Oregon, as principal, and
(If in a corporate city or town give street address, or lot and block numbers. If not, give full legal description of land and name of county)

_____ a corporation organized and existing under and
(Fill in Name of Surety)

by virtue of the laws of the state of _____, and authorized to transact a surety business in the State of Oregon, as surety, are held and firmly bound unto the State of Oregon in the penal sum of

\$ _____, for the payment of which well and truly to be made, we hereby bind ourselves, our respective heirs, administrators, executors, successors and assigns jointly, and severally, firmly by these present:

Signed, sealed and dated this _____ day of _____, 19_____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT

WHEREAS, the above-named principal has been licensed pursuant to the provisions of ORS 599 to carry on and conduct in this state the business of a livestock auction market.

NOW, THEREFORE, if the said principal shall (a) Pay all legal claims in favor of the State of Oregon which may accrue from the conduct of said principal's livestock auction market, as required by ORS chapter 599 including but not limited to ORS 599.245 and (b) Pay all legal claims which may accrue against him and in favor of any seller or buyer of livestock arising from the conduct of said principal's livestock auction market, then and in that event this obligation to be void, otherwise to remain in full force and effect.

IN WITNESS WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has caused these present to be executed by its _____ and _____, there unto duly authorized, and its corporate seal to be hereto affixed.

(SEAL)

By _____

Its _____

(Place corporate seal of surety here.)

By _____

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 BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 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 **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM