

**Manufactured Structures Dealer and Limited
 Manufactured Structures Dealer Surety Bond**
Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities
 350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
 Mailing address: P.O. Box 14480, Salem, OR 97309-0405
 (503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100
 http://dfcs.oregon.gov



Surety bond no.: _____

Please complete the appropriate checklist on Page 2.

SURETY BOND

We, _____, as principal,
 and _____, as surety,
 a _____ corporation licensed and authorized to transact a surety business in the state of Oregon,
 hereby jointly and severally bind ourselves, our heirs, personal representatives, successors, and assigns to pay
 to the State of Oregon for the use and benefit of any interested person the sum of _____ (“total penal sum
 of the bond”).

The above-named principal has applied to the Department of Consumer and Business Services, Division of Finance and Corporate Securities (“department”) for a license as a manufactured structures dealer or a limited manufactured structures dealer under ORS Chapter 446, and is required by ORS 446.726 to furnish a bond in the total penal sum of the bond.

If the principal and its agents and employees comply with the provisions of ORS Chapter 446, this obligation shall be void. If the principal or its agents or employees conduct the manufactured structures dealership with fraud or fraudulent representation or violate any provisions of ORS Chapter 446 or the rules thereunder, and fail to pay all damages suffered by any person due to violation of the statute or rules, the surety is obligated to pay damages suffered as a result of the violations up to the total penal sum of the bond; provided, however, that the maximum amount payable under the bond for payment of claims by persons other than retail customers of the principal is \$20,000.

The bond becomes effective on the _____ day of _____, _____, and shall remain in force until the department releases the surety from liability, or until the surety cancels this bond by giving 30 days written notice to the principal and to the Department of Consumer and Business Services, Division of Finance and Corporate Securities, P.O. Box 14480, Salem, OR 97309-0404. If the license of the principal as a manufactured structures dealer or a limited manufactured structures dealer is not renewed or is voluntarily or involuntarily canceled for any reason, the surety shall be relieved from liability that accrues after the license is canceled. Cancellation shall not relieve the surety of liability for any acts of the principal described hereunder or violations of ORS Chapter 446 or the rules thereunder committed by the principal prior to the effective date of cancellation.

This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims that may arise shall not exceed the total penal sum of the bond.

The surety and its heirs, personal representatives, successors, and assigns, and the principal and its heirs, personal representatives, successors, and assigns bind themselves jointly and severally to the State of Oregon by this agreement.

Principal:
 By: _____ Title: _____
 Signature: _____ Date: _____

Surety:
 Name of attorney in fact or agent: _____ Title: _____
 Signature: _____ Date: _____

Place seal here

SURETY CHECKLIST

Please complete this checklist before sending the bond to the applicant.

Bond number entered

Applicant's name correctly entered:

- If a sole proprietorship, applicant's personal name (no spouses) must appear.
- If a partnership, names of all partners and partnership name must appear.
- If a corporation, only the corporate name (no personal names or assumed business names) must appear.
- If a limited-liability company, only the LLC name (no personal names or assumed business names) must appear.

Appropriate bond amount entered:

- If the applicant is applying for a manufactured structures dealer license, the required bond amount is \$40,000.
- If the applicant is applying for a limited manufactured structures dealer license, the required bond amount is \$15,000.

Bond signed by agent or attorney in fact

Effective date of the bond, which is the same as the date the bond company signs the bond, entered

Surety seal affixed

APPLICANT CHECKLIST

Please complete this checklist before sending the bond to the Division of Finance and Corporate Securities.

Applicant has signed the bond.

The original bond is submitted with the license application.

If you have questions, please contact Division of Finance and Corporate Securities Licensing, (503) 378-4140.

SAMPLE.COM
WWW.SINC.COM

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