



Sewage Disposal Service Bond

(ORS Chapter 454)

(\$15,000.00) - Installer Only, or Combined Installer/Pumper

BOND NUMBER: _____

(SHOW **FULL NAME** OF ALL PRINCIPALS **DBA EXACT BUSINESS NAME**)

KNOW ALL MEN BY THESE PRESENTS: That we, _____

_____ each, as Principals, and _____

a corporation organized and existing under the laws of the State of _____, and duly 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 sum of FIFTEEN THOUSAND DOLLARS (\$15,000) lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, personal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT: Whereas each of the above named principals, pursuant to Oregon Revised Statutes ("ORS") Chapter 454 and pursuant to rules of the Environmental Quality Commission of the State of Oregon pertaining to standards for on-site sewage disposal, Oregon Administrative Rules Chapter 340, Divisions 71 and 73 is applying to the Department of Environmental Quality of the State of Oregon for a license to engage in the business of Sewage Disposal Service as defined in ORS Chapter 454.

NOW THEREFORE, if each of the said principals above named shall faithfully comply with all applicable statutes and rules of the State of Oregon, then this obligation shall be null and void, otherwise to remain in full force and effect.

As provided by ORS 454.705, any person injured by failure of any principal to comply with the above conditions in performing work shall have a right of action on this bond in his own name in the maximum aggregate limit of \$15,000, provided that written claim of such right of action shall be made to a principal or the surety company within two years after services have been performed. The maximum aggregate liability of this bond shall be \$15,000.

This bond is effective beginning _____. The surety may cancel this bond by sending a notice of cancellation by registered or certified mail to the *Water Quality Division/Onsite, Department of Environmental Quality, 165 E 7th Ave, Suite 100, Eugene OR 97401*. Such cancellation shall take effect on the date specified in the notice but not earlier than the 45th day after the date of mailing.

IN WITNESS WHEREOF, the above named parties have executed this instrument the _____ day of _____.

Corporate Seal
of Principal
(if Corporation)

Principal(s) - Signature

Surety

Corporate Seal
of Surety

Name of Attorney-in-Fact

Signature of Attorney-in-Fact

Countersigned:

Registered Agent for Oregon

Address: _____

Date: _____

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**
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