

## Oregon - S.W. Washington TRUST FUNDS

<u>Name of Insurance Company</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone Number</u>
<u>Name of Broker or Agency (If applicable)</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone Number</u>

<b>Name of Salesperson, Broker or Agent who was responsible for executing this bond. If address and phone number are different from above, please enter here:</b>
<b>Bond Number:</b>

We \_\_\_\_\_ as Principal and \_\_\_\_\_ Surety, are held and firmly bound unto the Trustees of Oregon-S.W. Washington Trust Funds, as Obligee, in the sum

of \$ \_\_\_\_\_, lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

The above Obligee has required the Principal to furnish a bond of indemnity guaranteeing payment of obligations, i.e. contributions, liquidated damages, interest, collection costs, and wage withholdings, due to the Oregon-S.W. Washington Electrical Trust Funds and to employees covered by IBEW Local No. 48, which Principal is obligated to pay by agreement or agreements between Principal and the Oregon-S.W. Washington Electrical Trust Funds, namely: the National Electrical Benefit Fund, Harrison Electrical Workers Trust Fund, the Edison Pension Trust, the NECA-IBEW Electrical Training Trust, the IBEW District No. 9 Pension Trust, and the Barnes Labor Management Cooperation Committee, and between Principal and IBEW Local No. 48.

The condition of this obligation is such, that if the Principal shall not pay the contributions, liquidated damages, interest, collection costs, or other employee wage withholdings, as required by such agreement or agreements, then this obligation shall be used to pay for the unpaid amounts due and owing up to the sum of \$ \_\_\_\_\_. The conditions of the obligation is such, that if the Principal shall pay the contributions, liquidated damages, interest, collections costs, and wage withholdings, as required by such agreement or agreements for the period during which this bond remains in force, then this obligation shall be null and void, otherwise to remain in full force and effect.

Provided, however, the Surety may cancel its liability as to future contributions, liquidated damages, interest, collection costs, and wage withholdings, to Oregon-S.W. Washington Electrical Trust Funds and to employees covered by IBEW Local No. 48 under this bond at any time by giving written notice delivered by certified mail return receipt to the Principal and the Obligee(s) at least thirty days in advance of the date of such cancellation.

<b>COUNTERSIGNED BY:</b>  _____ <b>PRINCIPAL</b>	<b>SURETY:</b>  _____  <b>BY:</b> _____
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RETURN TO:  
Oregon-S.W. Washington Electrical Trust Funds  
C/O A & I Benefit Plan Administrators  
1220 S.W. Morrison St., Suite 300  
Portland, Oregon 97205-2222  
Phone: (503) 224-0048

## 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**  
**Phoenix, AZ 85015**  
**E-Mail SAM@WWISINC.COM**

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**