

State of Oregon
Department Fish and Wildlife
3406 Cherry Ave. NE
Salem, OR. 97303

Dealer # _____

Bond # _____

Bond

WHOLESALE FISH DEALERS AND FISH OR SHELLFISH CANNERS

Know all men by these presents

That _____ whose plant and/or principal place of business is located at _____ (street and number), _____ (City, State, Zip Code), as of the principal and _____ a corporation organized and existing under and by virtue of the laws of the State of Oregon, and duly authorized to transact a surety business in the State of Oregon, as surety, are jointly and severally held and firmly bound unto the State of Oregon in the full and penal sum of _____ dollars (_____), lawful money of the United State of America, for the payment of which will and truly to be made unto the said State of Oregon, we hereby bind ourselves, our and each of our heirs, executors, administrators, successors and assigns, and severally, firmly by these presents.

THE CONDITION of this bond is such that:

WHEREAS, the above named principal who is a canner or wholesaler and who is desirous of engaging in buying, selling or otherwise handling, or dealing in food fish taken within waters of the State of Oregon or waters over which it has jurisdiction of the State of Oregon and which food fish is brought in to the State of Oregon during the license year January 1, _____, to December 31, _____, and who has made application for a license therefore as required by Chapter 508, Oregon Revised Statutes.

NOW THEREFORE, if the above bound principal shall make and file with the Director at such times as required by statute, or at such other time as ordered and directed by the Department of Fish and Wildlife of the State of Oregon (Department) under authority in said Department by law vested, all required reports showing all food fish purchased or received by such principal, species stated separately, the name and licensed number of the commercial fishing vessels and persons from whom purchased or received, with such other information as may be required by the Department, and shall guarantee the payment of, account for and pay over or cause to be paid over to the Director, the Department, or some person designated by said Director or the Department, the landing fees including penalty and interest required by law and this bond to be paid by the above name principal; this obligation shall be null and void; otherwise to remain in full force and effect.

This bond is for a term of one year beginning January 1, _____, and ending December 31, _____, and is given and received under the authority of ORS 508.415, the provisions of which hereby are incorporated into this bond and made a part hereof. This is a non-cancelable bond and will remain in full force until the end of the calendar year for which it is written.

IN WITNESS WHEREOF, said principal and said surety have caused these presents to be executed by their respective duly authorized legal representatives and their corporate seal to the hereunto affixed, on this _____ day of _____, _____.

Signed, sealed and delivered in the presence of:

Principal (Dealer)

Surety (Insurance Company)

Address

City, State, and Zip Code

Phone Number

Note: Bond must be filled in completely and signed by the principal and attorney-in fact of the surety, including address, phone number, and corporate seal.

11/00 nv

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