

COMMONWEALTH OF PENNSYLVANIA
MILK MARKETING BOARD
2301 NORTH CAMERON STREET
HARRISBURG, PENNSYLVANIA 17110-9408
(717) 787-4194

SUB-DEALER'S CORPORATE SURETY BOND

(To Accompany Application for Sub-Dealer's License)
License Year **July 1, 2007** to **June 30, 2008**

KNOW ALL PERSONS BY THESE PRESENTS, that _____

(Name of Applicant - **MUST BE EXACTLY AS PRINTED ON APPLICATION**)

(1) an adult individual, (2) a Corporation incorporated under the laws of the State of _____,

(3) a Limited Liability Company, organized under the laws of _____

(4) a Partnership, (5) Cooperative, or (6) a _____
(Specify Business Structure)

having its principal place of business at _____
(Street Address)

(City) (State) (Zip Code) (Telephone Number)

as obligor; and **GREAT AMERICAN INSURANCE COMPANY** a Corporation incorporated under the laws of the State of _____
(Name of Surety Company)

having its principal place of business at _____
(Street Address) (City) (State) (Zip Code)

() _____ as surety, are held and firmly bound unto the Commonwealth of Pennsylvania, Milk Marketing Board,
(Phone Number)

in the sum of _____ Dollars
(\$ _____), lawful money of the United States of America, to be paid to the Commonwealth of Pennsylvania, Milk Marketing Board, for which payment will and truly to be made, the parties hereto do obligate and bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the obligor desires to conduct business as a sub-dealer in the Commonwealth of Pennsylvania during the licensing year commencing **JULY 1, 2007** and ending **JUNE 30, 2008**, under the provisions of the Milk Marketing Law Act 294, approved July 31, 1968;

NOW, THEREFORE, the conditions of this obligation are such, that if the obligor shall pay all amounts due under the Milk Marketing Law, its amendments, and the orders and regulations of the Milk Marketing Board within the time periods provided by the Milk Marketing Law, its amendments, and the orders and regulations of the Milk Marketing Board, or any other amounts based on any applicable official prices, or any lawful contract prices, within the proper time periods as aforesaid, for milk purchased or otherwise acquired from milk dealers (as defined in the Milk Marketing Law), by the obligor during the licensing year, or upon such terms and conditions as the Milk Marketing Board may prescribe, then this obligation shall be void; otherwise, it shall remain in full force and effect.

IN WITNESS WHEREOF AND INTENDING TO BE LEGALLY BOUND, the parties hereto set their hands and seals this _____ day of _____, 20 _____.

Signature of Witnesses as to Obligor:

Obligor's Signature:

(MUST AFFIX SEAL IF INCORPORATED)

_____ (Seal)

Signature of Witnesses as to Surety:

Surety's Signature:

_____ (Seal)

(See other side for instructions)

READ CAREFULLY

INSTRUCTIONS FOR EXECUTING CORPORATE SURETY BOND

1. Type or print legibly.
2. This form is required to be executed by a surety company authorized to transact business in Pennsylvania.
3. Indicate by circling the appropriate designation on the form whether the sub-dealer is (1) an adult individual; (2) a Corporation; (3) a Limited Liability Company; (4) a Partnership; (5) Cooperative; or other type of business entity.
4. If the sub-dealer is a partnership, all members of the partnership must sign the bond.
5. If the sub-dealer is **incorporated**, an authorizing officer is required to sign for the principal, the secretary attesting his signature. **The corporate seal is to be impressed.** Attached copy of minutes containing a resolution by the board of directors authorizing the execution of this bond by the designated officer of the corporation.
6. If the milk dealer is a limited liability company (LLC), the bond form must be signed by all of the members, or, if a manager-managed LLC, by the manager or an authorized officer of the company. If signed by the manager or an authorized officer, a copy of the resolution authorizing the execution of this bond by the designated person must be attached to the bond.
7. If the surety company is a non-resident corporation, the bond is required to be countersigned by an agent residing in Pennsylvania.
8. The attorney-in-fact or other officer executing the surety bond is required to attach a certified copy of his authority to act in this capacity.
9. The bond shall be in a sum equal to the sum of the highest aggregate amount owed for milk to dealers for any thirty-day period during the preceding twelve consecutive calendar months.

NOTE: "Milk" includes fluid milk and cream, fresh, sour or storage, skimmed milk, lowfat milk, flavored milk, milk drink, buttermilk, ice cream mix, and condensed or concentrated whole or skimmed milk except when contained in hermetically sealed cans.

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 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
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