Bond number:

Certificate of Surety Bond

KNOW ALL MEN BY THESE PRESENTS, th		
	(name of company)	as principal,
(address)	as s	surety are held and
and	n) as s	
firmly bound unto the Department of Agricul	lture, State of Tennessee, in the sum of	, for
payment of which well and truly to be made	we bind ourselves, our heirs, executors and	d administrators,
jointly and severally, firmly by these present	s.	
WHEREAS, the Said	has mad	le application for a
license to engage in the control, management	t, and/or eradication of weeds, plant diseas	es, insects,
rodents, birds and other vertebrate and invert	ebrate pests in the State of Tennessee, whi	ch license has or is
about to be granted in accordance with the la	w.	
NOW, THEREFORE, the condition of this ob	bligation is such that if the said	of company)
Shall faithfully comply with all terms and co		1 2/
Act of 1978, an Act of the Tennessee Legisla	ature, then this obligation shall be null and	void; otherwise
the same shall be in full force and effect.		
It is mutually understood and agreed that this	bond will expire on	It is further
understood and agreed that the Surety's liabi	lity under this bond shall in no event exceed	1
Signed, sealed and dated thisday	of	
WITNESSES:		
	(Principal of Firm)	
	(Name of Company)	
Countersigned by:	By:	
	(Bonding Agent)	
(Resident Agent)	(Commissioner of Agriculture)	

AG-0105 (Should be accompanied by one power of attorney from each agent)

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT		
AGENCY PHONE:	AGENCY FA	AGENCY FAX: E-MAIL:				
AGENCY ADDRESS:						
(Street)	LOOKING TO BEAT		(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:				
OBLICEE:			EXP.DA			
OBLIGEE ADDRESS: (Street)						
BUSINESS NAME:		(City)	(State)		(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		_ Client E-mail			
BUSINESS ADDRESS:						
TYPE OF COMPANY CORP LLC	DBA PARTNERSI	(City)	(State)		(Zip)	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			_	
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		EMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE?		GAINST YOU?		•	YES NO	
HAS APPLICANT EVER FAILED IN BUSINES	BOS TEO INO II HA	S APPLICANT EVE	R FILED BANKRUPTCY	7		
SECTION II: GENERAL INFORMATION						
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(State)			
ADDITIONAL OWNERS / PARTNERS		(City)	(Sidle)		(Zip)	
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
ASSETS	CIALSTATEMENT OF A	UABILITI LIABILITII				
CASH IN BANK	\$	NOTES PAYABLE		\$		
CASH ON HAND	\$	NOTES PAYABLE	TO OTHERS	\$		
STOCKS & BONDS	\$	ACCOUNTS PAYA	BLE	\$		
ACCOUNTS RECEIVABLE	\$	FEDERAL & STAT	E 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 & UND	VIDED PROFITS	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIE	:S	\$		
		NET WORTH		\\$		
NAME OF OWNERS	NAME & TITLE O	F OFFICERS	PERCENTAGE OF OV	<u>NNERSHIF</u>	<u> </u>	

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