

BNSF RAILWAY COMPANY
SURETY BOND COVERING CREDIT FOR TRANSPORTATION CHARGES

Know all men by these presents, that _____ as Principal, and _____ as Surety, are held and firmly bound unto BNSF RAILWAY COMPANY (Railroad), its successors and assigns, in the sum of _____ Dollars (\$ _____) the maximum liability hereunder, lawful money of the United States, for the payment of which the Principal, and the Surety, bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, on the terms and conditions as set forth below:

WHEREAS, Principal is desirous of purchasing transportation services and/or trailer use privileges from Railroad and in order to guarantee payment of said services, Principal hereby provides Railroad with this Indemnity Bond.

WHEREAS, in the event Principal fails to pay Railroad any amount due for any said transportation service, Trailer Use charge, and/or other related charges within thirty (30) days of billing thereof, Railroad may obtain payment of any such amount(s) due from Surety under this Indemnity Bond without waving any rights it may have against Principal, and Surety shall be liable for all such amount(s) due up to the maximum liability set forth above. Surety's obligation hereunder will arise upon Surety's receipt of written notification of claim by Railroad. Surety will remit payment to Railroad within fifteen (15) days of its receipt of a claim from Railroad.

The term of this Indemnity Bond is perpetual; provided, however, upon payment by the Surety of its total liability hereunder, this Indemnity Bond shall be void. This Indemnity Bond also may be terminated by Surety upon written notice to Railroad and said termination shall be effective thirty (30) days after receipt by Railroad of said written notice; such written notice send to, BNSF Railway Company, Attention Credit Manager, 2301 Lou Menk Drive, Fort Worth, Texas 76131. Termination of this Indemnity Bond will not release either the Principal or the Surety from any obligation(s) incurred hereunder prior to the effective date of such termination.

Any insurance policy shall be written by a reputable insurance company acceptable to BNSF or with a current Best's Guide Rating of A- and Class VII or better, and authorized to do business in the state (s) in which the service is to be provided.

Signed, sealed and dated this _____ day of _____, 20__.

Principal

Surety

By: _____

By: _____

Title

Title

Business Phone Number

Surety Phone Number

Surety Address

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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