

1 STATE OF TEXAS § BOND NO. \_\_\_\_\_  
2 §  
3 COUNTY OF §

4 KNOW ALL BY THESE PRESENTS:

5 RE: Name of legal entity: \_\_\_\_\_  
6 Street address: \_\_\_\_\_  
7 City and State: \_\_\_\_\_  
8 Date of Incorporation: \_\_\_\_\_

9 That we, \_\_\_\_\_ As Principal  
10 (hereinafter called "Principal) and \_\_\_\_\_, as  
11 Surety (hereinafter called "Surety") are held firmly bound unto the Texas Department  
12 of Agriculture, as Obligee (hereinafter called "Obligee") in the sum of  
13 \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for the payment whereof,  
14 well and truly to be made, we do here bind ourselves, our heirs,  
15 executors, administrators, successors, and assigns, jointly and severally, firmly by these  
16 presents.

17 Signed, sealed, and dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
18 Whereas, the Texas Department of Agriculture has agreed to pay  
19 monies to the Principal, DBA \_\_\_\_\_, under  
20 TAC Title 4, Part 1, Chapter 25 covering the \_\_\_\_\_.

21 NOW, THEREFORE, the conditions of the obligation are such, that if (a) the  
22 Obligee has completed the audit of the Principal and the said Principal faithfully satisfies  
23 all net audit exceptions which may have been taken by the Texas Department of  
24 Agriculture for any audit period covered by the period duration of this bond,  
25 (b) the Obligee has attempted an audit of the Principal as discussed in (a) above and the  
26 said Principal's records were unavailable or unauditible and said Principal faithfully  
27 satisfies all exceptions determined to be owing as a result of Principal's failure to keep  
28 records substantiating its performance, or (c) the Obligee completes any other research,  
29 including but not limited to investigations, administrative reviews, or management  
30 evaluations, into the contractual performance of the Principal and said Principal shall  
31 satisfy all monetary exceptions for the contract period covered by the period of duration  
32 of this bond, this obligation shall be null and void, otherwise to remain in full force and  
33 effect.  
34 If the conditions of this obligation remain in full force and effect, the Surety is obligated  
35 to pay any net obligations shown to be owed to the Obligee within thirty days of  
36 receiving a demand letter from the Obligee.

1 Bond No. \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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5 Liability under this bond shall terminate as of the \_\_\_\_\_ day of  
6 \_\_\_\_\_, 20\_\_, as to any acts subsequent thereto, unless said bond is  
7 continued in force from year to year by the issuance of a Continuation Certificate signed  
8 by the Surety.

9 Provided, this bond may be canceled as a future liability by the Surety upon sixty (60)  
10 days written notice to the Principal and the Obligee; however such cancellation shall  
11 not discharge the Surety's liability accrued during the term of this bond or which shall  
12 accrue in said sixty (60) day period.

13 \_\_\_\_\_  
14 Legal Name of Principal

15 \_\_\_\_\_  
16 Signature

17 \_\_\_\_\_  
18 Printed Name of Person Signing

19 \_\_\_\_\_  
20 Title of Person Signing

21 \_\_\_\_\_  
22 Name of Surety

23 \_\_\_\_\_  
24 By: Signature of Attorney in fact

25 \_\_\_\_\_  
26 Printed Name of Person Signing

27 Name and address of Surety's local representative:

28 \_\_\_\_\_

29 \_\_\_\_\_

30 \_\_\_\_\_

31 \_\_\_\_\_

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                          **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**