

BOND
AS DEALER IN AGRICULTURAL PRODUCTS IN VIRGINIA

STATE OF _____

BOND NO. _____

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS: That we _____
See instructions on back page

as Principal and _____,
Name of Surety Company

as Surety, are held and firmly bound unto the COMMISSIONER OF THE VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES of the COMMONWEALTH OF VIRGINIA and his successors in office, for the use and benefit of every person establishing legal rights hereunder, in the full and just sum of _____ Dollars, (SSS _____), to the payment of which well and truly to be made, we hereby bind ourselves, our heirs, administrators, executors, successors and assigns firmly by these presents.

WHEREAS by Sections 3.2-4739 and 3.2-4740, Code of Virginia (1950) as amended, Dealers in Agricultural Products are required to obtain a license from the Commissioner of The Virginia Department of Agriculture and Consumer Services and to give bond in such form and amount as shall be approved by the Commissioner, conditioned upon a full compliance with the provisions of the said Code, as amended.

NOW, THEREFORE, the condition of this obligation is such that if the above named principal shall faithfully and truly account for and make payment to producers, their agents or representatives, for all agricultural products bought from or handled or sold for such producers, their agents or representatives, as required by Section 3.2-4741, Code of Virginia (1950) as amended, then this obligation to be void, otherwise to remain in full force and effect.

The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term hereof.

The inception of this Bond begins _____, and continues in effect through April 30, _____. (Must run concurrently with the Dealer in Agricultural Products License)

The Surety may withdraw from this bond by giving 30 days written notice, by registered mail to the Commissioner of the Virginia Department of Agriculture and Consumer Services, provided such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of said withdrawal.

SIGNED, SEALED and dated this _____ day of _____, _____.

aa (SEAL)
Principal

aaaaaa (SEAL)
Surety

By _____

By _____

Attach copy of Power-of-Attorney for the person executing this bond for the surety.

VDACS Finance Office Use: Code to 888-02106

I. INFORMATION FOR THE PREPARATION AND EXECUTION OF THIS BOND

A. The name of Principal on the bond should be correctly stated, and should precisely agree with the name of applicant on the application for license as Dealer in Agricultural Products. (Any material variation may delay issuance of license.)

B. The name in which business is conducted should follow the name or names of the Principal where the applicant does business in a fictitious name.

Examples:

Individual operating in own name: **“Henry Smith”**

Individual owner operating in another name: **“Henry Smith d/b/a City Produce”**

Partners operating in another name: **“John Doe, Richard Roe, and Mary Roe d/b/a/ Acme Produce”**

Corporation operating in own name: **“Chase & Company (a corporation)”**

Corporation operating in another name: **“John Doe Enterprises, Inc. d/b/a Superior Produce”**

II. EXECUTION BY PRINCIPAL

A. If the Principal of this bond is:

1. An individual-- this bond must be signed by the Principal.
2. A partnership--this bond should be executed in the name of the partnership and signed by the partners, and must be signed by at least one of the partners.
3. A corporation--this bond must be executed in the name of the Corporation, by its President or Vice President, with impression of corporate Seal affixed, and attested by Secretary or Assistant Secretary of the corporation.

III. EXECUTION BY SURETY: Should be by a properly authorized person, whose title should be shown with impression of the corporate seal of the surety affixed, and a copy of the Power-of-Attorney of that person attached to the bond.

IV. CONTINUATION CERTIFICATES ARE ACCEPTABLE

V. ATTACH POWER-OF- ATTORNEY

MAIL EXECUTED BOND TO:

**Virginia Department of Agriculture and Consumer Services
Office of Plant Industry Services
102 Governor Street
Richmond, VA 23219**

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 **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