



Appraisal Management Company Surety Bond \$25,000

Business and Professions Division
Real Estate Appraisal Management Co Program
Physical address: 2000 4th Ave W, Olympia, WA 98502
Mailing address: PO Box 9021, Olympia, WA 98507-9021
Phone: (360) 664-6504 Fax: (360) 570-4981
Web: www.dol.wa.gov/business/appraisalmgmt
Email: reappraisers@dol.wa.gov

Use this form to submit a surety bond for your business. When completed, mail this form to: **Business & Professions Division, Real Estate Appraisal Management Company Program, Department of Licensing, PO Box 9021, Olympia, WA 98507-9021.**

Know all persons by these presents: That _____
Applicant/Owner

Check one: Sole proprietor Partnership Corporation

doing business as _____
Business name

as Principal, at the following address _____ and _____

a corporation organized and existing under the laws of the state of _____ and authorized to transact surety business in the state of Washington, as Surety, are held and firmly bound unto the state of Washington in the sum of \$25,000 Dollars lawful money of the United States of America to be paid to the said state of Washington, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

The condition of the above obligation is such that: Whereas, the said principal has made application for an Appraisal Management Company License to the Business and Professions Division of the state of Washington for carrying on the business of an Appraisal Management Company within the state of Washington; and is required by Chapter 18.310 RCW, to furnish a bond in the penal sum of \$25,000 Dollars with good and sufficient surety, conditioned as required by said law.

Now, therefore, if the said principal will comply with all the provisions of Chapter 18.310 RCW of the state of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.310 RCW, and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.310 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as an Appraisal Management Company, then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against Principal for damage as a result of any violation by Principal or its agent of Chapter 18.310 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court in which Principal's business is conducted.

Provided further: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided further: That Business and Professions Divisions shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination pursuant to provisions of WAC 308-409-035.

In witness whereof, the Said Principal and the Said Surety have affixed their hands and seal this _____

day of _____, 20_____.

Effective date of bond: _____

Bond number: _____

Principal

Surety

Business name _____

Name _____

By **X** _____
Signature of owner or individual authorized to sign for partnership or corporation

Attorney-in-Fact _____

Insurance agency name _____

Insurance agent _____

Agent address _____

(SURETY SEAL)

Telephone number _____

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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