



1300 South Evergreen Park Dr. SW
 PO Box 47250
 Olympia, WA 98504-7250
 360-664-1222 fax 360-586-1181



COMMON CARRIER BOND

EFFECTIVE DATE: _____

BOND # _____

(Required from common carrier freight forwarders and brokers as provided by WAC 480-12-375 of Commission Rules and Regulations.)

KNOW ALL MEN BY THESE PRESENTS That _____ of _____, as principal, and _____, a corporation organized and existing under and by virtue of the Laws of the State of _____, and duly authorized to do a surety business within the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full penal sum of _____ (\$ _____) Dollars, lawful money of the United States, for the payment of which, well and truly to be made, we, and each of us, bind ourselves, our respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED With our seals and dated this _____ day of _____, 20_____.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT,

WHEREAS, The above bounden principal has applied to the Washington Utilities and Transportation Commission for a permit to operate as a Common Carrier under the provisions of chapter 81.80. RCW:

NOW, THEREFORE, If the said principal shall make compensation to shippers and consignees for all moneys belonging to such shippers, or consignees coming into his possession in connection with such transportation service, then and in that event this obligation to be null and void, otherwise to remain in full force and effect: Provided, that the above-named surety shall have the right to terminate its liability under this bond by serving written notice of its election so to do upon the principal herein and upon the Washington Utilities and Transportation Commission, and thereupon the said surety shall be discharged from any liability arising or occurring hereunder after the expiration of thirty days from and after receipt of such notice by the said Washington Utilities and Transportation Commission.

IN WITNESS WHEREOF, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized representatives and its corporate seal to be hereunto affixed the day and year first above written.

ATTEST: _____

Principal

BY: _____

ATTEST: _____

Surety

BY: _____

Attorney-in-Fact

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**
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