

Department of Labor and Industries
Employment Standards Section
PO Box 44510
Olympia, WA 98504-4510

FARM LABOR CONTRACTOR'S BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS: That we _____

as Principal, 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 firmly bound unto the STATE OF WASHINGTON in the penal sum of _____ (_____) DOLLARS, lawful money of the United States of America to be paid to the State of Washington, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH OUR SEALS, and DATED this _____ day of _____, _____

THE CONDITION OF THE ABOVE OBLIGATION is such that,

WHEREAS, The above bounden principal has made application to the State of Department of Labor and Industries for a license to act as a Farm Labor Contractor in the State of Washington for the year ending December 31, _____, in accordance with the provisions of Chapter 392 of the Laws of 1955 and RCW 19.30, each amended by Laws of 1985, Chapter 28, Laws of 1986, Chapter 197, and Laws of 1987, Chapter 216, and is required pursuant to the provisions of said law to furnish a bond in the penal sum of _____ (_____) DOLLARS, conditioned as required by law.

KNOW, THEREFORE, the condition of this such that if the Principal shall fully comply with the provisions of Chapter 392 of the Laws of 1955 and RCW 19.30, each amended by Laws of 1985, Chapter 28, Laws of 1986, Chapter 197, and Laws of 1987, Chapter 216, hereinafter called the Act, and be conditioned on payment of sums legally owing under contract to an agricultural employee, then this obligation shall be null and void; otherwise to remain in full force and effect. The aggregate liability of the surety upon such bond for all claims which may arise thereunder shall not exceed the fact amount of the bond.

This obligation is applicable to the license period commencing _____ and ending December 31, _____, and shall be irrevocable during this period.

IN WITNESS OF THIS CONTRACT, The Principal and Surety have affixed their hands and seals this _____ day of _____.

Principal's Name

Surety Name

By: _____

Bond forms change; this is for educational purposes only

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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