

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1112 S.E. Quince St. • P.O. Box 47890 • Olympia, Washington 98504-7890

**Hearing Instrument Establishment Bond**  
Required By Chapter 18.35 RCW, The Law Relating to Hearing and Speech

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

KNOW ALL PERSONS BY THESE PRESENTS: That

\_\_\_\_\_, (check one) ☐ an individual ☐ a partnership ☐ a corporation \_\_\_\_\_ at the following business address

\_\_\_\_\_ 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 and firmly bound unto the STATE OF WASHINGTON in the sum of

\_\_\_\_\_ ( \_\_\_\_\_ ) 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 CONDITIONS OF THE ABOVE OBLIGATION IS SUCH THAT: Whereas, the said principal is operating or  
plans to operate an establishment for the purpose of fitting and dispensing hearing aids within the State of  
Washington; and is required by Chapter 18.35 RCW to furnish a bond in the penal sum of  
\_\_\_\_\_ ( \_\_\_\_\_ ) Dollars with good and sufficient surety, conditioned  
as required by said law.

NOW THEREFORE, If the said principal, its agents and employees will comply with all the provisions of Chapter  
18.35 RCW, of the State of Washington and with all rules and regulations adopted by the Secretary of the Department  
of Health and the Board of Hearing & Speech of said state pursuant to the provisions of Chapter 18.35 RCW, and will  
pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.35 RCW or any rules or  
regulations adopted pursuant thereto in the conduct of Principal's business as a Hearing Instrument Establishment  
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,  
his agent or employee of Chapter 18.35 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on  
this bond in the Superior Court of the County in which Principal's business is located, or of any county in which  
jurisdiction of the Principal may be had.

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 the Health Professions Quality Assurance  
Division shall be notified ten (10) days prior to the cancellation of this bond.

IN WITNESS WHEREOF, the said Principal and the said Surety have affixed their hands and seals this \_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_

**PRINCIPAL**

Name \_\_\_\_\_

(Insurance Commissioner's  
Stamp)

By \_\_\_\_\_

**SURETY**

Name \_\_\_\_\_

Attorney-in-fact \_\_\_\_\_

Agency Name \_\_\_\_\_

(Surety's Seal)

Resident Agent \_\_\_\_\_

## 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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐  
BONDS FOR ANY PURPOSE? AGAINST YOU?  
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**  
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