

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

State of Washington  
DEPARTMENT OF AGRICULTURE  
Pesticide Management Division  
PO Box 42589  
Olympia WA 98504-2589

PESTICIDE APPLICATOR BOND  
Chapter 17.21 RCW

KNOW ALL PERSONS BY THESE PRESENTS: That we \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ (Principal)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ as principal, and  
\_\_\_\_\_ a  
\_\_\_\_\_ (Surety)

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: \_\_\_\_\_  
\_\_\_\_\_ (\$ \_\_\_\_\_) for property damage, and separately,  
\_\_\_\_\_ (\$ \_\_\_\_\_) for public liability, lawful money in  
the United States of America, to be paid to the State of Washington for the purpose and in the  
manner provided in Chapter 17.21 RCW, as now or hereafter amended, 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.

THIS BOND EFFECTIVE THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT

WHEREAS, The above bounden principal wishes to make or has made application to the Washington State Department of Agriculture for a license to operate as a pesticide applicator in the State of Washington in accordance with the provisions of Chapter 17.21 RCW, as now or hereafter amended, and rules and regulations adopted thereunder and is required, pursuant to the provisions of said law, to furnish a bond in the penal sum listed above as provided for in said law and conditioned as required by said law.

NOW THEREFORE, in consideration of any said license being granted, issued or renewed, said principal shall:

Pay all judgments or liabilities to persons who suffer legal damages as a result of the operations of the principal during the period in which this bond is in effect.

Compliance with all of the above provisions shall make this bond null and void; otherwise to remain in full force and effect.

This obligation is applicable from the date above and shall continue in full force and effect until ten days after written notice of termination has been furnished by the surety to the principal and the Washington State Department of Agriculture by certified mail. The total and aggregate liability of the surety, under the terms of this bond, for all claims which may arise shall be limited to the face value of the bond.

\_\_\_\_\_  
(Principal)

By \_\_\_\_\_  
(Signature of individual  
or corporate officer)

Title \_\_\_\_\_

\_\_\_\_\_  
(Surety)

\_\_\_\_\_  
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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

<b>Worldwide Insurance Specialists, Inc</b> <b>2424 W. Missouri AVE</b> <b>Phoenix, AZ 85015</b> <b>E-Mail SAM@WWISINC.COM</b>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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