

BOND NUMBER: \_\_\_\_\_

PREARRANGEMENT CONTRACT REFUND BOND  
(SEE RCW 68.46.030)  
THE CEMETARY BOARD, P.O. BOX 9012, OLYMPIA, WA 98507-9012

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_

Doing business as \_\_\_\_\_, as principal,

And \_\_\_\_\_, a corporation duly authorized to

Transact surety business in the state of Washington, as surety, are help and firmly bound to the state of Washington in the sum of \_\_\_\_\_ dollars for the payment of which we jointly and severally, bind ourselves, our heirs, executors, administrators, successors, and assigns.

This bond is for the use and benefit of any person requesting a refund pursuant to RCW 68.46.060 if the principal does not promptly pay to said person the refund due pursuant to RCW 68.46.060.

The condition of this obligation is that a demand has been made upon the above named principal, that a pre arrangement contract be terminated and a refund be issued pursuant to RCW 68.46.060

If the above named principals shall well and truly comply with all the provisions of said law and any amendments thereto and in particular pay all amount due and which may become due under said law, then this obligation shall be null and void; otherwise it shall remain in full force and effect. Provided, that termination or cancellation of this bond shall not to be effective unless notice is delivered by the surety to the Cemetery Board at least thirty days prior to the date of termination or cancellation.

IN WITNESS WHEREOF, the said principals and the said surety have affixed their hands

And seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal:

Principal Name \_\_\_\_\_

Title \_\_\_\_\_

(CORPORATE SEAL  
IF INCORPORATED)

Surety:

Surety Name \_\_\_\_\_

Surety Address \_\_\_\_\_

(INSURANCE  
COMMISONERS

Attorney-In-fact (Signature) \_\_\_\_\_

STAMP)

Attorney-In-Fact (Type/Written) \_\_\_\_\_

Washington Resident Agent (Signature) \_\_\_\_\_

Washington Resident Agent (Type/Written) \_\_\_\_\_

(SURETY  
SEALS)

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

Agency Address \_\_\_\_\_

## 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> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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