



**STRUCTURAL PEST INSPECTOR
FINANCIAL COVERAGE – OPTIONS 2 & 3
SURETY BOND NO. _____**

Washington State Department of
Agriculture
Pesticide Management Division
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Olympia WA 98504-2560
Toll Free 877-301-4555
Fax (360) 902-2093
E-mail: license@agr.wa.gov

Structural Pest Inspectors must provide proof of financial coverage. Two of the four options include a surety bond. Option 2, detailed in RCW 15.58.465(1)(b), requires a surety bond in the amount of \$25,000. Option 3, detailed in RCW 15.58.465(1)(c), requires a surety bond in the amount of \$12,500 + \$25,000 errors and omissions insurance policy. No bond or policy may have a deductible greater than \$5,000. Information and forms for all four financial coverage options is available at <http://agr.wa.gov/PestFert/LicensingEd/CaSpilInfo.htm>.

Please mark one of the following. Which of the financial coverage options described above is this bond being used to satisfy?

- Option 2 - \$25,000 Surety Bond
 Option 3 - \$12,500 Surety Bond + \$25,000 E&O Insurance (use separate form AGR 640-4189 to report insurance)

KNOWN ALL PERSONS BY THESE PRESENTS: That we (**principal**) _____
STRUCTURAL PEST INSPECTION COMPANY NAME

_____ of (**address**) _____

as principal, and (**Surety**) _____ cooperation 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 (_____) for legal damages that may result from actions of the principal's structural pest inspectors, 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 15.58 RCW, as now or hereafter amended, for the payment of which sum, will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by this presents. The surety bond shall be maintained at not less than the required sum until such time that the Washington State Department of Agriculture receives written notice of reduction or cancellation as described below. The bond allows suit to be brought against the actions of the structural pest inspector for up to two years after the date of the inspection as per the requirements of Chapter 15.58.465 (b) RCW.

THIS BOND EFFECTIVE THIS _____ day of _____, _____.

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 structural pest inspection company in the State of Washington in accordance with the provisions of Chapter 15.58 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 the bond is in effect.

Compliance with all of the above provisions shall make the 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 for up to two years after the date of the inspection as per the requirements of Chapter 15.58.465(1)(b) RCW. The surety shall furnish ten-day advance written notice of reduction or termination of the bond to the principal and the Washington State Department of Agriculture by certified mail. The total 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.

IN WITNESS OF THIS CONTRACT, The principal and Surety have affixed their hands and seals:	
PRINCIPAL'S NAME	SURETY'S NAME AND SEAL
BY (PRINCIPAL'S SIGNATURE)	BY (SURETY'S SIGNATURE)
DATE SIGNED BY PRINCIPAL	DATE SIGNED BY SURETY

AGR 640-4177 (R/7/03)

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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