

**SURETY BOND  
FOR 2008 TAXIDERMIST LICENSE**

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

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_, of \_\_\_\_\_, Wyoming as  
Last Name, First Name, Middle Initial City  
(As name will appear on taxidermist license)

PRINCIPAL, and \_\_\_\_\_  
(Surety company authorized and qualified to do business in the State of Wyoming)

as SURETY are held and firmly bound unto the State of Wyoming, Wyoming Game and Fish Department in the sum of FIVE-THOUSAND (\$5,000.00) dollars, for the payment of which well and truly be made, we hereby bind ourselves, our and each of our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the Principal has been determined to be a qualified person to receive a taxidermist's license pursuant to Wyoming Statute § 23-2-302(a); and,

WHEREAS, the Wyoming Game and Fish Commission will issue to the Principal a license to practice taxidermy upon receipt of the required license fee per Title 23 and the posting of this surety bond as required by Wyoming Statute § 23-2-302(b); and,

NOW THEREFORE, the Principal agrees to complete all taxidermy work regulated by the Commission within a reasonable time and in a good workmanlike manner as set forth by Commission rule and regulation and further agrees to promptly return any game specimen(s) and/or specimen(s) upon completion and payment of fee. Should the Principal herein well, truly, and faithfully perform all the above statutory duties required of him/her, then this obligation shall be void and of no effect. The surety or bonding company is liable on the surety or bond for any game specimen(s) or specimen(s) received during the calendar year for which the taxidermist was licensed (January 1, 2008 through December 31, 2008) and for the subsequent calendar year in which the taxidermy work is performed on the game specimen(s) (January 1, 2009 through December 31, 2009). This bond provides financial security only. There is no "performance" obligation on behalf of the surety. The aggregate liability of the surety company shall in no event exceed the sum of this bond (\$5,000.00), regardless of the number of claims that may be filed hereunder in each license period.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Bond forms change; this is for educational purposes only.

\_\_\_\_\_  
Principal (type or print)  
Last name, First Name, Middle Initial  
(as name will appear on taxidermist license)

\_\_\_\_\_  
Address of Agent

\_\_\_\_\_  
Principal's Business Street Address

\_\_\_\_\_  
Surety (type or print)

\_\_\_\_\_  
City, State and Zip Code

By: \_\_\_\_\_  
(Attorney - in - Fact)

\_\_\_\_\_  
(Signature of Principal)

## 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.

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