

CONTRACTOR LICENSE BOND

BOND# _____

KNOW ALL MEN BY THESE PRESENTS, That we _____

Business Name Only

_____ of _____

Address

as Principal, and _____, as Surety, are held and firmly bound unto the State of Alabama Board of Heating and Air Conditioning Contractors, created by the provisions of Code of Alabama 1975, §34-31-18 to 34 (1982 Supplement), in the amount of ten thousand dollars (\$10,000.00) for payment whereof well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that,

Whereas, the said Principal is engaged in the business of heating and air conditioning contracting in the State of Alabama, now if the said Principal shall faithfully observe all ordinances and laws of the State of Alabama and of any municipal corporation and county of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances, and shall perform in a workmanlike manner all work undertaken by said Principal in the prosecution of said business or businesses; and shall indemnify and save harmless the aforesaid State Board of Heating and Air Conditioning Contractors from all liability occasioned or arising from acts done or omitted by said Principal, its servants or agents, in doing said work or from any unfaithful or inadequate work; and shall defend all suits brought against the State Board of Heating and Air Conditioning Contractors based, in whole or in part, upon any act of default for which said Principal is responsible, and pay the costs and expenses thereof, and pay such damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of the negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

Except as to liability accruing prior to the effective date of cancellation, the surety's liability on this bond shall be terminated fifteen (15) days after receipt by the Secretary of State Board of Heating and Air Conditioning Contractors of written notice of the surety's intent to cancel.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____

Address

_____ on this date _____

State

Date

By _____ (Seal)

Surety's Agent

Principal

Mailing Address

City

State

Zip

Surety

Phone Number

By _____
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 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.

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