

ELECTRICAL CONTRACTOR'S BOND  
BOND NUMBER : \_\_\_\_\_

\$1,000.00

STATE OF ALABAMA)  
LEE COUNTY )

KNOW ALL MEN BY THESE PRESENT

That we, \_\_\_\_\_

hereinafter called Principal, and \_\_\_\_\_

as Surety, are held and firmly bound unto the City of Opelika, a municipal corporation, in the sum of One Thousand dollars (\$1,000.00) for the payment of which well and truly to be made we hereby bind ourselves a-ad each of us, and each of 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 electrical construction. installation, repair or electrical contracting in the City of Opelika, Alabama, now if the said Principal shall faithfully observe all ordinances and laws of the said City pertaining to said business or businesses, whether now or hereafter enacted together with all rules and regulations, established under the authority of said laws and ordinances; and shall perform in a workman-like manner all work undertaken by said Principal in the prosecution of said business or businesses; and shall indemnify and save harmless the said City 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 done by the Principal, his agents or employees; and shall defend all suits brought against said City based in whole or in part, upon any act or default for which said Principal is responsible, and pay the cost and expenses thereof, and shall pay all such damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, or regulations 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, and shall pay all licenses and permit fees accruing under any applicable laws. ordinances or regulations, and shall restore to condition found any street, alley, sidewalk or other property disturbed in the prosecution of said business and maintain the same in good repair for a period of one year, then this bond is to be void, otherwise to remain in full force and effect.

Any person, firm or corporation injured in person or property by reason of violation of said laws, ordinances or regulations by said Principal, or by any act, default or omission constituting a breach of any of the conditions of this bond, may maintain a suit or action. hereon for such injury.

Several recoveries may be had hereon, the amounts thereof in the aggregate not to exceed the amount of this bond.

It is FURTHER UNDERSTOOD AND AGREED between all parties hereto that if the Surety shall so elect, this bond may be canceled by giving thirty (30) days notice in writing to the City of Opelika, Alabama, and this bond shall be deemed canceled at the expiration of the said thirty (30) days, and said Surety remaining liable for all or any act or acts covered by this bond, which may have been committed by the Principal up to the date of such cancellation, under the terms, conditions, and the provisions of this bond.

IN WITNESS WHEREOF, The said Principal and the said Surety have hereunto set their hand and the seals at Opelika, Alabama, on this the \_\_\_\_\_ day of \_\_\_\_\_

The effective date of this bond is \_\_\_\_\_ and for a period of one year. Bond is continued beyond this period by attachment of a Renewal Certificate issued by the Surety.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

Taken and approved this the \_\_\_\_\_ day of \_\_\_\_\_

By: \_\_\_\_\_  
City Clerk

## 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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