

**BOND TO PERFORM SUBTERRANEAN TERMITE
ERADICATION AND CONTROL WORK**

No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____

as Principal, and _____
as Surety, are held and firmly bound unto the State of Alabama in the maximum aggregate penal sum of Two Thousand Five Hundred Dollars (\$2,500.00), lawful money of the United States of America, for the payment of which, 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 that whereas the undersigned _____ has been granted a permit to engage in subterranean termite eradication and control work, as defined in Chapter 28 of Title 2 of the Code of Alabama of 1975,

NOW, if the said Principal shall well and truly conduct said work, business or profession, while licensed under the aforementioned Chapter, as required by law and the rules and regulations of the State Department of Agriculture and Industries, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER,

1. That the Surety may cancel this bond by written notice served upon, or sent by registered mail to the Obligee (State Department of Agriculture & Industries) specifying therein the effective date of said cancellation. Such date shall not be less than fifteen (15) days after such service or if sent by registered mail, not less than fifteen (15) days after the date borne by the sender's registry receipt.
2. Any person having a right of action against the principal because of the breach of the condition of this bond may bring suit against the principal and surety for the recovery of any losses sustained by reason of such violation of the condition of this bond; provided, however, that the aggregate liability of the surety for all losses shall in no event exceed the penal sum of this bond.

IN WITNESS WHEREOF, we have hereto set our hands and seals this _____ day of _____, 20____.

Principal

Signature of a Resident Alabama Ins. Agent

By _____

Surety

By _____

Taken, approved, and filed this the _____ day of _____, 20____

**Commissioner of Agriculture & Industries
State of Alabama**

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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