

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

INDEMNITY BOND FOR ELECTRIC SERVICE AND/OR STEAM HEAT  
FURNISHED BY ALABAMA POWER COMPANY  
KNOW ALL MEN BY THESE PRESENTS,

that \_\_\_\_\_,  
as principal, and \_\_\_\_\_,  
a corporation organized and existing under the laws of the State of \_\_\_\_\_, and  
duly authorized to conduct and carry on a general surety business in the State of Alabama, as  
surety, are each held and firmly bound unto the Alabama Power Company, as obligee, in the full  
and just sum of \_\_\_\_\_ Dollars (\_\_\_\_\_) lawful money of  
the United States of America, for the payment whereof well and truly to be made the said  
principal and the said surety each hereby bind themselves, their respective heirs, legal  
representatives, successors and assigns, jointly and severally, firmly by these presents,

WHEREAS, the principal has applied to Alabama Power Company for electric service  
and/or steam heat as applicable; and

WHEREAS, under the rules and regulations of the Alabama Public Service Commission,  
it is necessary for the principal to furnish security for the prompt payment of all electric and/or  
steam bills for service furnished and supplied the principal by the obligee, regardless of service  
location or time of initiation of service; and

WHEREAS, the principal desires to post this bond in lieu of a cash deposit as security for  
the payment of electric and/or steam heat bills,

NOW, THEREFORE, the condition of this obligation is such that if the said principal  
shall well and faithfully perform the obligations herein recited and shall promptly pay all bills  
rendered by the obligee to said principal for electric service and/or steam heat service as provided  
in this bond and the rules and regulations of the Alabama Public Service Commission, then the  
above obligation shall be null and void, otherwise to remain in full force and effect, and the  
surety herein agrees to pay, within ten (10) days after written demand for payment by the obligee,  
any delinquent electric and/or steam heat bills rendered by the obligee to the principal herein if  
such bills are not paid by said principal within fifteen (15) days from the date of the said bills.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the surety company reserves the right to cancel this bond by giving thirty (30) days written notice to the obligee addressed to the Division Accounting Manager,

\_\_\_\_\_  
\_\_\_\_\_aaaaaa\_. On the effective date of such thirty-day cancellation notice, the surety is discharged and relieved of any liability, it being understood and agreed, however, that the said principal and surety will be liable for any loss accruing up to the effective date of said thirty-day cancellation notice, in no event, however, in excess of the penalty of this bond.

2. That it is expressly understood by the principal and surety herein that the obligee may, by giving fifteen (15) days' written notice, cancel this bond or require and endorsement hereon increasing the penal amount provided in this bond so that the said penal amount shall be equal to at least two times the amount of the highest monthly electric bill rendered by the obligee.

3. This bond shall be effective from and after the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed, sealed and delivered in the presence of: PRINCIPAL:  
\_\_\_\_\_  
\_\_\_\_\_(SEAL)

\_\_\_\_\_  
By: \_\_\_\_\_  
As to Principal Its: \_\_\_\_\_

SURETY:  
\_\_\_\_\_  
By: \_\_\_\_\_  
As to Surety Its: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

SURETY COMPANY NAME: \_\_\_\_\_

SURETY COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SURETY COMPANY PHONE: \_\_\_\_\_

SURETY COMPANY FAX: \_\_\_\_\_

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

Shown below is a separate listing of each account covered by this bond:

Account Name: \_\_\_\_\_

Account Number (10 digits): \_\_\_\_\_

Service Address (including Alabama city): \_\_\_\_\_

Secured Amount: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number (10 digits): \_\_\_\_\_

Service Address (including Alabama city): \_\_\_\_\_

Secured Amount: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number (10 digits): \_\_\_\_\_

Service Address (including Alabama city): \_\_\_\_\_

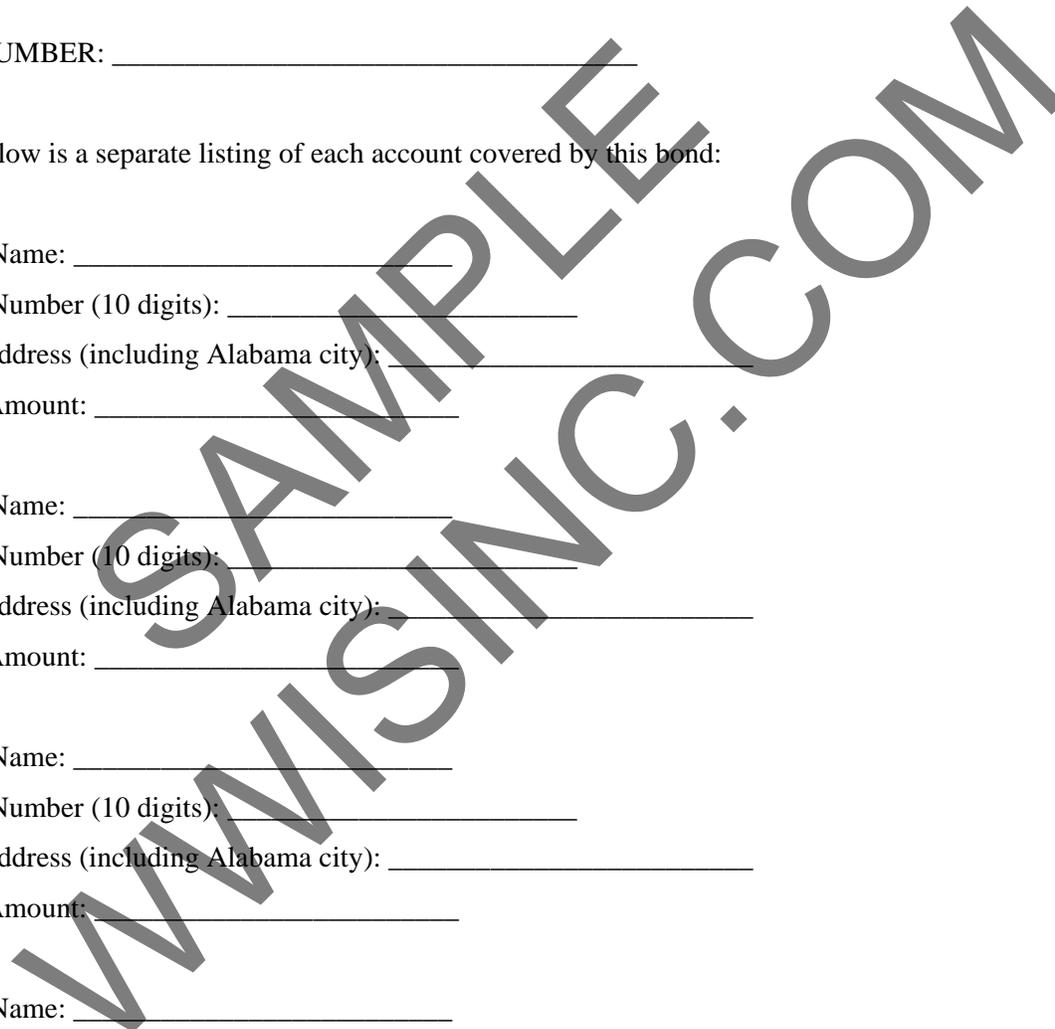
Secured Amount: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number (10 digits): \_\_\_\_\_

Service Address (including Alabama city): \_\_\_\_\_

Secured Amount: \_\_\_\_\_



## 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**