SURETY BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS: THAT _____,
As Principal, and _____, as Surety, hereby acknowledge Ourselves to be jointly and severally bound unto the FLORENCE UTILITIES, CITY OF FLORENCE, ALABAMA (hereinafter called obligee) in the sum of _____ lawful money of the United States of America to be paid to Obligee, its successors and assigns; for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by the presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal has heretofore entered into agreement with Obligee dated _____, whereby Principal agrees to take and pay for all utilities from Obligee required for Principal's premises located at _____, and as a condition precedent to the commencement and/or continuation of such utilities, Principal agrees to furnish Obligee with a surety bond for the purpose of establishing credit and securing the payment of any and all bills for utilities rendered to said premises pursuant to said agreement.

NOW, THEREFORE, if the aforesaid Principal shall pay said utility bills to the Obligee and comply with the aforesaid agreement, then this obligation shall be void; otherwise, it is to remain in full force and effect as a continuing obligation.

In the event of breach of any of the foregoing conditions, the Surety holds himself bound as Principal, hereunder, for payment of such bills, waiving all defenses with respect to notice of default of payment, notice of acceptance hereof, and waiving any obligation on the part of Obligee to institute legal action or proceedings against the Principal.

The obligation of Surety hereunder may be terminated sixty (60) days after receipt by Principal and by Obligee of Surety's written notice of cancellation sent by registered or certified mail, to Obligee to be addressed at its office at Florence, Alabama, provided, however, that any such cancellation shall not terminate liability of Principal or Surety incurred prior to such termination.

EXECUTED THIS _____ day of _____, _____.

_____
PRINCIPAL

BY:_____
TITLE

_____
SURETY

BY:_____
TITLE

Bond forms change; this is for educational purposes only.

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 FINANCIALSTATEMENT 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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail SAM@WWISINC.COM