



HUNTSVILLE UTILITIES

Electricity – Natural Gas – Water

(256) 535-1200

www.hsvutil.org

P. O. Box 2048
Huntsville, AL. 35804

UTILITIES BOND # _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, hereinafter called Principal, and _____ Are held and firmly bound unto the City of Huntsville, a municipal corporation, in the sum of _____ DOLLARS, for the payment of which well and truly to be made we hereby 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 has made application for Utilities services to be furnished by the City of Huntsville, Alabama, a municipal corporation, and WHEREAS, as a condition precedent to the providing of the above said service, the Principal has agreed to promptly pay to the City of Huntsville Department all such amounts as may be due or become due for furnishing of utility services to the Principal.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully comply with this agreement by promptly paying when due all amounts due or which may become due to the City of Huntsville Utilities Department, then this obligation is to be null and void; otherwise to remain in full force and effect.

CANCELLATION CLAUSE

Any surety on this Bond may be released and discharged from any and all Liability to the Huntsville Utilities, Huntsville, Alabama, accruing on this Bond after the expiration of sixty (60) days from the date upon which said Surety shall have been filled with the Huntsville Utilities, Post Office Box 2048, Huntsville, Alabama, 35804, with written request sent by certified mail to be released and discharged; Provided, however, such request shall not operate to relieve, release, or discharge such surety from any liability already accrued or which shall accrue before the expiration of said sixty (60) days period.

AGENCY ISSUING BOND: _____

INSURANCE COMPANY: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

WITNESS our hands and seals on this the _____ day of _____, _____.

(SEAL)

Principal

BY: _____

Name and Title

BY: _____ (SEAL)

Surety

Name and Title

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	\$
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 **Toll Free: (888) 518-8011**
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