

Bond Number _____

INDEMNITY BOND FOR UTILITY SERVICE FURNISHED BY RIVIERA UTILITIES

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 Utilities Board of the City of Foley, Alabama, a
public corporation DBA Riviera Utilities, 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 hereby bind themselves, their respective heirs, legal representatives, successors and
assigns, jointly and severally, firmly by these presents.

WHEREAS, the principal has applied to Riviera Utilities for utility service; and

WHEREAS, under the rules and regulations of the Utilities Board of the City of Foley,
Alabama, it is necessary for the principal to furnish security for the prompt payment of utility bills
for utility service furnished and supplied the principal by the obligee; and

WHEREAS, the principal desires to post this bond in lieu of a cash deposit as security for the
payment of utility 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 utility service as provided in the bond and the rules
and regulations of the Utilities Board of the City of Foley, Alabama, 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, and delinquent utility
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 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, and 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 an 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 utility bill rendered by the obligee.

3. This bond shall be effective from and after the _____ day of _____, _____, and shall remain in force until cancelled as aforesaid, or until released in writing by the obligee.

IN WITNESS WHEREOF, the said principal and the said surety have duly executed or caused to be executed this bond the _____ day of _____, _____.

Signed, sealed and delivered
in the presence of:

(SEAL)

By: _____

As to Principal

By: _____

Principal's Title: _____

As to Surety

Surety's Attorney-in-Fact:

File all Claims To:

Surety Company Claim Office

Surety: _____

Alabama Resident Agent

Name: _____

Address: _____

Address: _____

Bond Number: _____

Phone: _____

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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