

HOME INSPECTOR SURETY BOND
Required by the Home Inspector Registration Act, AS 08.18

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS that _____

as principal, and _____, a corporation duly authorized to transact surety business in the State of Alaska, as surety, are held and firmly bound to the State of Alaska, in the sum of _____ thousand dollars (\$ _____), lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE THAT: Whereas the above bound principal has or is about to obtain a certificate of registration to engage or continue in the business of home inspection in the State of Alaska in accordance with the provisions of AS 08.18 and desires to give bond as required by law.

NOW THEREFORE, if the principal, in compliance with AS 08.18, shall pay all taxes and contributions due the state and political subdivisions of the state, and shall pay all person furnishing labor or materials or renting or supplying equipment to the principal, and shall pay all amounts that may be adjudged against the principal by reason of negligent or improper work or breach of contract in the conduct of the contracting business or by reason of damage to public facilities occurring in the course of a home inspection project, and shall pay all amounts necessary to satisfy settlements of valid liens and judgments which result from lien foreclosure suits, the above obligation shall be null and void; otherwise, it is to remain in full force and effect.

THE TOTAL LIABILITY HEREUNDER, during the period for which this bond is written shall not exceed the sum of _____ thousand dollars (\$ _____).

LIABILITY UNDER THIS BOND commences _____ and shall be continuous until the certificate of registration is revoked or otherwise terminated by the Department of Community and Economic Development or until 30 days after the surety sends written notice of cancellation to the Department of Community and Economic Development, Division of Occupational Licensing, State of Alaska. The bond shall apply to all liens and liabilities which arise during the effective period of the bond and to which the bond is applicable under law, even if the liens are foreclosed or valid liens settled after the effective period of the bond or the liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the surety has affixed its hand and seal this _____ day of _____, 20 ____

PRINCIPAL (Applicant)

SURETY

Name: _____ Name: _____

Signature: _____ Address: _____

Title: _____ Attorney-in-fact: _____

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH Agency Name: _____ PR
Power of Attorney must be attached.

Address: _____

Division of Occupational Licensing, P.O. Box 110806,
Juneau, Alaska 99811-0806

(Surety's Seal)

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
AGENCY ADDRESS: _____ 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: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** ☐ **LLC** ☐ **DBA** ☐ **PARTNERSHIP** ☐ Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES ☐ NO ☐

HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

| ASSETS | | LIABILITIES | |
|---------------------------|--|--------------------------------------|------------------------|
| CASH IN BANK | | NOTES PAYABLE TO BANKS | |
| CASH ON HAND | | NOTES TO OTHERS (excl. of equipment) | |
| STOCKS AND BONDS | | ACCOUNTS PAYABLE | |
| ACCOUNTS RECEIVABLE | | FEDERAL & STATE INCOME TAX DUE | |
| NOTES RECEIVABLE | | ALL OTHER TAXES | |
| INVENTORY | | ACCRUALS, PAYROLLS, ETC. | |
| CASH VALUE LIFE INSURANCE | | | |
| EQUIPMENT | | DUE ON EQUIPMENT | |
| REAL ESTATE | | DUE ON REAL ESTATE | |
| OTHER ASSETS | | OTHER LIABILITIES | |
| | | CAPITAL STOCK (if a corporation) | |
| | | SURPLUS AND UNDIVIDED PROFITS | |
| | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES | |
| | | NET WORTH | |
| Name of Owners | | Name and Title of Officers | % OWNERSHIP IN COMPANY |
| | | | |
| | | | |

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

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

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Local (602) 749-0702
Fax: (602) 674-8235

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