



**MUNICIPALITY OF ANCHORAGE**  
**Department of Finance, Treasury Division**  
**632 W. 6<sup>th</sup> Avenue, Suite 330**  
**Anchorage, Alaska 99501**

**TAX LIABILITY BOND**

Bond # \_\_\_\_\_

Name of Principal \_\_\_\_\_ Name of Surety \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone No \_\_\_\_\_

KNOW ALL BY THESE PRESENTS:

That we, \_\_\_\_\_ as principal, and  
 \_\_\_\_\_ as surety

*(a surety complying with the laws of surety obligations in the State of Alaska)*

authorized to do business in the State of Alaska and execute this bond, are held and firmly bound unto the Chief Fiscal Officer of the Municipality of Anchorage and his or her successors in office in the sum of \$ \_\_\_\_\_, the payment of which we bind ourselves, our executors, administrators, heirs, assigns, and successors, jointly and severally, firmly by this bond.

The condition of the foregoing obligation is the above bound principal shall pay when due all taxes, penalties, and interest due and to become due and owing to the Municipality of Anchorage by said principal during the effective period of the bond, under the provisions of **Anchorage Municipal Code (AMC) Chapter 12.20, Room Tax.**

Liability under this bond is effective for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ and shall be continuous thereafter until such time as the surety may terminate this bond. 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 period of the bond or the liabilities are enforced after the effective period of the bond.

The surety has the right to cancel this bond 30 days after providing written notice to the Municipality of Anchorage. In accordance with AMC 12.20.035.B., and subject to penalty set forth in AMC 12.20.110.G., the surety shall provide such written notice to the Chief Fiscal Officer of the Municipality of Anchorage not less than thirty days before the expiration, non renewal, lapse, termination or other similar event affecting this bond.

In witness whereof, the above bound parties have executed this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the name of each party being hereto affixed and duly signed by its undersigned representative, if any, pursuant to authority of its governing body.

**ATTEST: Authorized Representative of Principal**

\_\_\_\_\_  
*(Printed name)*

**(Seal)**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Notary for Principal)*

**ATTEST: Authorized Representative of Surety**

\_\_\_\_\_  
*(Printed name)*

**(Seal)**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Notary for Surety)*

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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**  
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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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