

CITY OF PHOENIX
PUBLIC WORKS DEPARTMENT
101 S. Central #400
Barrister Place Building
Phoenix, Arizona 85004

SURETY BOND

_____CUSTOMER ACCOUNT NO.

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ of _____, as Principal, and _____, a corporation duly authorized to transact surety business in the State of Arizona, as Surety, are held and firmly bound unto CITY OF PHOENIX, ARIZONA, as Obligee, in the sum of _____, (\$ _____) DOLLARS, lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors or assigns, jointly and severally, by these presents:

THE CONDITION OF THE ABOVE OBLIGATION is such that if the above Principal shall from and after the date of this bond, truly and faithfully comply with all the conditions of the Ordinances of the City of Phoenix, and the laws of the State of Arizona applicable to the City of Phoenix, appertaining to Landfill Dumping fees for, and any amendments thereto or rules or regulations thereunder, and to promptly pay all Landfill fees when and if due and as required by the applicable City Ordinance, and shall pay to the City of Phoenix any and all damages as may be caused by any failure on the part of the principal named herein, his agents or employees, to comply with the aforesaid code, ordinances, regulations and laws, then this obligation to be null and void; otherwise to remain in full force and effect.

Should any damage result to the City of Phoenix by reason of any failure on the part of the above named principal, his agents or employees, to comply with the aforesaid ordinances of the City of Phoenix, or amendments thereto, or rules or regulations hereunder, then said City may maintain an action at law against the principal; and surety herein and this obligation may be sued upon in successive actions until the whole penalty thereof is exhausted.

THE SURETY named herein may cancel this bond and be relieved of any further liability hereunder by giving thirty (30) days notice in writing of its desire to do so to the Obligee hereunder.

Dated this _____ day of _____, _____.

PRINCIPAL

PRINCIPAL

Countersigned

BY: _____

NAME OF BONDING COMPANY

MAILING ADDRESS PHONE

BY: _____, ATTORNEY-IN-FACT

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

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

E-Mail WWIS@WWISINC.COM