Bond #	
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## BOND FOR PAYMENT OF UTILITY SERVICES

## KNOW ALL MEN BY THESE PRESENTS:

That we,			
		as surety, are jointly	and severally bound
unto the City of Mesa, Sta	te of Arizona, in the s	sum of	
	ars, lawful money to t		
hereinafter provided for w	* •	•	e bind ourselves, our
successors and assigns, jo	intly and severally by	these presents.	
THE CO	NDITIONS OF THIS	S OBLIGATION TH	HAT:
	pove bounden princip		
for furnishing necessary u and garbage disposal.	tility services including	ng electricity, natural	gas, water and sewer
NOW THEDEEOI	RE, Should the said pr	ringinal or any assign	es of his fails to pay
all monies due or to becor			
furnished, the said surety			
hereinabove specified.	will puy the same of a	in amount not exceed	ang the sam
*	nain in full force and	effect until cancelled	by mutual
agreement of the City of M			
City of Mesa thirty (30) d			
receipt requested to the fo			
1878, Mesa, AZ 85211. A			
incurred during the thirty	(30) day period after i	receipt of such notice	by the City of Mesa.
IN WITNESS WHEREOI	F, the seal and signatu	re of the principal her	reto is affixed, and
the corporate seal and the	name and address of	the surety hereto affix	ted and attested by
its duly are authorized off	icers at		,
, this		day of	, 20
	Principal's Name_		
	By:		
	Rond Company Na	ame:	
	Bond Company 14		
	Bond Company A	ddress:	
~			
			Seal
			Attorney in Fact

## **Surety Bond Application**

AGENCY NAME:	AGENCY CONTACT:						
	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?							
<b>SECTION I:</b> 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:							
SS#:Spouse S	S#:	Ho	me Phone: ( )				
Residence Address:	City:	St	ate:	Zip:			
Business Name:							
Business Phone: ()	Business Fax: (	)	E-mail:				
Business Address:	City:	St	ate:	Zip:			
Date Business BEGAN under present Individ	ual or Firm Name:		BUSINESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE	BONDS	DO YOU HAVE ANY					
FOR ANY PURPOSE?  YES NO AGAINST YOU?  YES NO HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO							
		ON A SEPERATE SHE		PICT! TES   NO			
SECTION III: ADDITIONAL OWNER							
NAME:	SPOUSE N	IAME:	•				
SS#:	SPOUSE S	SS#:	PHON	E:			
HOME ADDRESS:	City:		state:				
PERSONAL FINANCIALS (IF MORE			OUT THIS APPLICA	ATION)			
ST		TS AND LIABILITIES	AS OF	<u> </u>			
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>			
CASH IN BANK CASH ON HAND		NOTES TO OTHERS					
STOCKS AND BONDS		ACCOUNTS PAYABI					
ACCOUNTS RECEIVABLE		FEDERAL & STATE	NCOME 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 UND	IVIDED PROFITS				
TOTAL ACCETO							
TOTAL ASSETS		TOTAL LIABILITIES  NET WORTH					
Name of Owners	Name and T	itle of Officers	% OWNERSH	IIP 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