UTILITY SERVICE PAYMENT BOND

Bond No.____

KNOW ALL MEN BY THESE PRESENTS,	THAT WE(hereinafter called Principal) as Principal and			
business under and by virtue of licensed for the purpose of maki undertaking required or authoriz Surety) as Surety, are held and CO-OP, INC. (hereinafter called lawful money of the United State to be make, we hereby bind ourse and each of our successors and a	, a corporation the laws of the State of, ng, guaranteeing or becoming the days of the State of firmly bound unto the SULPHUR Obligee) in the just and full of America, for the payment elves and each of our heirs, each	organized and doing and duly sole surety upon bonds of of Arizona (hereinafter called SPRINGS VALLEY ELECTRIC sum of of which, well and truly executors, administrators,			
The conditions of this obligation shall pay or cause to be paid to Arizona any and all charges for Located at	SULPHUR SPRINGS VALLEY ELECT	CRIC CO-OP, INC., Willcox,			
(Street Address)	(City)	(State)			
then this obligation shall be vo					
Obligee to bring an action on the action has accured. Failure on the discharge Surety from liability and all additional rights not spresult of Obligee's failure to provide the purposes of this agreemed etermine the date on which a Probligation. The Surety may cancel this bond Principal, upon thirty (30) days INC. It is understood that in the for and shall pay or cause to be Any or all charges for utility sprior to the effective date of control of the control of the signed and sealed the	the part of the Obligee to brion the instant agreement. Surpecifically mentioned herein woursus Principal. ent, Obligee has the sole and mincipal is deemed to be in definitional is deemed to be in definitional in the surface of the surface of such cancellation of this bond.	eng such action does not cety further waives any which might accrue as a exclusive 'discretion' to efault on its payment fault on the part of the PRINGS VALLEY ELECTRIC CO-OP, Surety remains responsible LEY ELECTRIC CO-OP, INC., a referred to place of busines			
	By:(Principal)				
	Ву:				
	(Name)	(Title)			
Countersigned:					
BY:					
(Resident Agent) By:					
(Name)					
	(Title)	(Surety)			
	Ву:				
	(Name)	(Title)			

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?						
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	; #:	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 Individu	ıal or Firm Name:		BUSINESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS						
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU?						
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 S	SS#:	PHON	E:		
HOME ADDRESS:	City:		state:			
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)						
STATEMENT OF ASSETS AND LIABILITIES AS OF						
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 INCOME TAX DUE				
NOTES RECEIVABLE		ALL OTHER TAXES				
INVENTORY CASH VALUE LIFE INSURANCE		ACCRUALS, PAYROLLS, ETC.				
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						
TOTAL AGGLIG		TOTAL LIABILITIES NET WORTH				
Name of Owners	Name and T	itle of Officers	% OWNERSH	IIP IN COMPANY		
1	1					

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.

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