



**SOUTHWEST GAS CORPORATION**  
**SURETY BOND**

BOND NO.	_____
PREMIUM \$	_____
EXPIRATION	_____

Name of Surety \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Name of Principal (Customer) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Service Address \_\_\_\_\_

**Southwest Gas Corporation**  
Mailing Address \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:**

The \_\_\_\_\_, a \_\_\_\_\_ corporation  
(Name of the Surety) (State of Corporate Domicile)  
authorized to do business in the State of \_\_\_\_\_ as Surety, is  
held and firmly bound unto Southwest Gas Corporation ("Southwest"), a California corporation, in the sum of  
\_\_\_\_\_ Dollars ( \_\_\_\_\_ ), lawful money in the  
United States of America, for the payment whereof to said Southwest, the said Principal and said Surety bind  
themselves, their heirs and executors, administrators, successors and assigns, jointly and severally, firmly by  
these presents.

WHEREAS, said Principal has entered into agreement with the said Southwest for the purchase of gas service,  
and is posting this bond in lieu of a required cash deposit guaranteeing payment of just bills incurred under  
said agreement;

NOW, THEREFORE, the condition of the above obligation is such that if the said Principal shall pay or cause  
to be paid all bills, statements or charges for gas service supplied or to be supplied at any and all premises at  
which such gas service has been or may be ordered or contracted for by said Principal, then Surety shall have  
no obligation to make payment pursuant hereto, but otherwise Surety shall have the obligation, unconditional  
except as specifically provided herein, to pay Southwest for such gas service;

AND FURTHER, it is understood and agreed that Surety will pay or cause to be paid to Southwest, within  
sixty (60) days from receipt of a demand for payment by said Southwest, all correct statements for gas service  
to Principal.

It is also understood and agreed that Surety may cancel this bond by written notice served by registered mail  
upon Southwest specifying the effective date of said cancellation, which in no event shall be earlier than (a)  
sixty (60) days after the date borne by Surety's registry receipt, or (b) the earliest date after the date borne by  
Surety's registry receipt that Southwest can lawfully discontinue gas service to Principal for failure to establish  
credit under Southwest's applicable rules on file with the regulatory commission having jurisdiction in the  
premises, whichever date shall last occur, and the obligation of the Surety shall extend to payment for all gas  
service rendered to Principal to and including such date of cancellation, up to the full amount of this Surety  
Bond. Also, it will be incumbent upon the Surety to advise Southwest, via certified mail, within 30 days of  
any changes to Surety's mailing address as shown herein.

In the event that Southwest shall find it necessary to employ attorneys to enforce any provision of this Surety  
Bond, Surety agrees to pay to Southwest, in addition to any monies to which Southwest may be entitled  
pursuant to judgment or settlement, (a) an amount equal to Southwest's cost of suit (if an action shall be filed),  
(b) a reasonable attorney's fee (irrespective of whether an action shall be filed), and (c) interest at the highest  
legal rate from the date Southwest shall first make demand upon Surety for payment to the date payment is  
finally made.

IN WITNESS WHEREOF, the signature of the said  
Principal is hereto affixed, and the corporate name,  
signature and seal of the said Surety is hereto affixed and  
attested by its duly authorized Attorney-in-fact, as required  
by law, at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Surety** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Southwest Representative** \_\_\_\_\_

# 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>	
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.

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