

**Arkansas Water Well Construction Commission  
Water Well Contractor License Bond**

Bond number \_\_\_\_\_

**Know all men by these presents that we**

\_\_\_\_\_ of  
(Business name of Water Well Contractor)

\_\_\_\_\_  
(Address of Water Well Contractor)

as Principal and \_\_\_\_\_, a corporation duly licensed to do business in the State of Arkansas, as Surety, do bind ourselves, our successors and assigns, jointly and severally to the Arkansas Water Well Construction Commission for the use and benefit of the public in the full penal sum of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ); that said Principal and any Person employed by him shall well and duly comply with the provisions of the Arkansas Water Well Construction Act, the same being Ark. Code Ann. § 17-50-101 et seq., and all rules and regulations pertaining to said Act.

Whereas, the above Principal is applying to the Arkansas Water Well Construction Commission for a License as a Water Well Contractor; and whereas, the Commission will issue such license conditioned upon the filing of a bond with the Commission;

**Beginning this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and continuing until canceled as herein provided, it is specifically understood and agreed by the parties to this bond** that any and all persons having been damaged, by said Principal or Person in his employ, by reason of violation of any of the provisions set forth in the Arkansas Water Well Construction Act, as now and hereafter amended, and rules and regulations pertaining to the Act, may in their own name and without joining the Arkansas Water Well Construction Commission, sue thereon, and join the Surety on this bond in said action as one of the defendants.

However, no action may be taken against the Principal and Surety under this bond until all administrative remedies have been exhausted with the Arkansas Water Well Construction Commission and so certified by the Commission.

The condition of this bond shall be construed as a new bond in the sum aforesaid for each year it remains in force provided, however, that the aggregate liability of the Surety under this bond for any one or more violations of the Act by the Principal or his agents committed during each year this bond is in full force and effect shall in no event exceed the sum of \_\_\_\_\_ Dollars, ( \_\_\_\_\_ ).

The Surety may terminate this bond by giving not less than thirty (30) days written notice of its intent, mailed to the Arkansas Water Well Construction Commission at its office in Little Rock, Arkansas, and to the Principal at the address given above. Such termination shall not relieve the Surety of any liability of the Principal for damages resulting from violations of the Water Well Construction Act, as amended and the Rules and Regulations during the time this bond was in effect.

**Witness our hands and seals this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.**

Signature: Surety (attach Power of Attorney if applicable)	Signature: Principal
Printed Name and Title:	Printed Name and Title
<b>Notary public or other judicial officer</b>	
Subscribed and sworn to before me this ____ day of _____, ____.	
By _____	
My Commission Expires	

Revised 6/13/2011

# 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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