

THIS BOND SHALL BE FILED WITH THE REGISTRAR OF CONTRACTORS  
STATE OF CALIFORNIA  
CONTRACTORS STATE LICENSE BOARD

SURETY CODE \_\_\_\_\_  
BOND NO. \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
OR  
APP. FEE NO. \_\_\_\_\_

### Contractor's Disciplinary Bond

(BUSINESS AND PROFESSIONS CODE SECTIONS 7071.5, 7071.6, 7071.7, 7071.8, 7071.11)

The premium on this bond is \$ \_\_\_\_\_ for the term \_\_\_\_\_

KNOW ALL BY THESE PRESENTS: That \_\_\_\_\_  
BUSINESS NAME SHOWN ON APPLICATION OR LICENSE

whose address for service is \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

as Principal, and \_\_\_\_\_  
NAME OF SURETY

a corporation organized under the laws of \_\_\_\_\_ and authorized to transact a general surety business in the State of California, as Surety, are held and firmly bound unto the State of California, for the penal sum of \_\_\_\_\_ for the payment of which well and truly to be made we bind ourselves, our heirs, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The provisions of Section 7071.6 and 7071.8, *Business and Professions Code*, requires that the Principal file or have on file with the Registrar a bond issued by an admitted surety in the sum of \_\_\_\_\_ and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, The conditions of the foregoing obligation are that if the Principal shall comply with and be subject to the provisions of Division 3, Chapter 9 (commencing with Section 7000) of the *Business and Professions Code*, then this obligation shall be null and void; otherwise, it is to remain in full force and effect.

PROVIDED, HOWEVER, This bond is issued subject to the following express conditions:

1. This bond may be canceled by the Surety in accordance with the provisions of Sections 996.310 et seq. of the *Code of Civil Procedure*.
2. This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which license is granted and each and every succeeding license period or periods for which said Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
3. The limitation of the liability of the surety and the conditions of the bond are as set forth in Sections 7071.6 and 7071.11, *Business and Professions Code* and any person claiming against said bond may bring an action in a proper court on this bond for the amount of the damage he may suffer as a result of such acts or omissions by the Principal, except that such action must be brought within two (2) years after the expiration of the license period during which the act or omission occurred, or within two (2) years of the date the license of the active licensee was inactivated, canceled or revoked, whichever occurs first, except provided further that a claim for fringe benefits shall be brought within six (6) months after the date the fringe benefit delinquencies were discovered, and any civil action thereon shall be filed within two (2) years after the date the fringe benefit contributions were due.
4. This bond is executed by the Surety to comply with the provisions of Division 3, Chapter 9 (commencing with Section 7000) of the *Business and Professions Code* and of Part 2, Title 14, Chapter 2 (commencing with Section 995.010) of the *Code of Civil Procedure* and said bond shall be subject to all of the terms and provisions thereof.
5. This bond to become effective \_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF SURETY ADDRESS FOR SERVICE

I certify (or declare) under penalty of perjury under the laws of the State of California that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in \_\_\_\_\_ on \_\_\_\_\_, under the laws of the State of California.  
CITY AND STATE DATE

Certificate of Authority # \_\_\_\_\_ Signature of Attorney-in-Fact \_\_\_\_\_

Printed or Typed Name of Attorney-in-Fact \_\_\_\_\_

Address of Attorney-in-Fact \_\_\_\_\_

Telephone Number of 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**