

Bond No.: _____

Premium: _____

AMOUNT: \$25,000.00 excavation bond

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ CONSTRUCTION CO., INC., (hereinafter called the "PRINCIPAL"), AS Principal, and the _____ INSURANCE COMPANY, of the City of _____, a corporation duly organized under the laws of the State of _____, (hereinafter called the "SURETY"), as Surety, are held and firmly bound unto PORT OF SAN FRANCISCO, CITY AND COUNTY OF SAN FRANCISCO, CALIFORNIA, (hereinafter called the "OBLIGEE"), in the sum of TWENTY FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which sum well and truly to be made, we said Principal and the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____ A.D. two thousand _____.

WHEREAS, The Principal intends to apply for a permit to make and excavation in the public street, within THE PORT JURISDICTION, CITY AND COUNTY OF SAN FRANCISCO and is required to furnish a bond in accordance with Article 2.4 of the Public Works Code of the City and County of San Francisco.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall comply with the terms and conditions of said Article, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

This bond shall be and remain in full force for a period of three (3) years after the restoration of the pavement, unless cancelled in accordance with paragraph below:

The surety shall have the right to terminate its liability hereunder by notifying in writing Engineering Department, Port of San Francisco, Pier 1, San Francisco, CA 94111, 30 days in advance of its intention to do so.

PROVIDED FURTHER, the liability of the SURETY shall in no event exceed the sum of TWENTY FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00).

CONSTRUCTION CO. INC.

By: _____
(Principal)

INSURANCE CO.

By: _____
Attorney in fact (w/notary public acknowledgement)

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	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
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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