



Auditor/Controller-Recorder
Property Tax Division
222 W. Hospitality Lane
San Bernardino, CA 92415-0018
(909) 386-8828 Fax (909) 386-8820

DATE: _____

BOND NO.: _____

PREMIUM: _____

SURETY BOND TO GUARANTEE PAYMENT OF TAXES IN SUBDIVISIONS

KNOW ALL MEN BY THESE PRESENT: THAT WE, _____, AS
PRINCIPAL, AND _____ AS SURETY, ARE HELD AND FIRMLY
BOUND UNTO THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA IN THE PENAL SUM OF
_____ DOLLARS (\$ _____)
FOR THE PAYMENT OF WHICH SUM, WILL AND TRULY TO BE MADE, WE BIND OURSELVES, OUR
HEIRS, EXECUTORS, SUCCESSORS, AND ASSIGNS, JOINTLY AND SEVERELY, BY THESE PRESENT.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT WHEREAS, THE OWNER (S) OF A
DIVISION OF LAND REPRESENTING A CERTAIN SUBDIVISION OF REAL ESTATE, TO WIT: TRACT
/PARCEL MAP # _____ INTENDS TO FILE A MAP THEREOF WITH THE RECORDER OF THE
COUNTY OF SAN BERNARDINO. WHEREAS, THE PROVISION OF THE STATE LAW REQUIRE THAT
THIS BOND BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS OF SAID COUNTY.

NOW THEREFORE, IF SAID PRINCIPAL (S) SHALL PAY, OR CAUSE TO BE PAID, WHEN DUE, ALL
TAXES AND SPECIAL ASSESSMENTS COLLECTED LIKE TAXES, WHICH AT THE TIME OF FILING
SAID MAP, ARE A LIEN AGAINST THE PROPERTY WITHIN SAID SUBDIVISION OR ANY PART
THEREOF, BUT NOT YET PAYABLE, THEN THIS OBLIGATION SHALL CEASE AND BE VOID,
OTHERWISE IT SHALL REMAIN IN FORCE AND EFFECT UNTIL SAID TAXES WHICH INCLUDE
AMOUNTS SHOWN ON THE REGULAR ASSESSMENT ROLL AND ANY SUPPLEMENTAL ROLL, ARE
PAID IN FULL, INCLUDING ANY PENALTIES AND INTEREST INCURRED.

IN WITNESS THEREOF, SAID SURETY HAVE TO HERETO SET THEIR HANDS AND AFFIXED THEIR
SEAL THIS _____ DAY OF _____ 20____.

PRINCIPAL

NAME _____

ADDRESS _____

SIGNATURE _____

SURETY

NAME _____

ADDRESS _____

SIGNATURE _____

(THE NOTARIAL ACKNOWLEDGEMENT OF BOTH PRINCIPAL AND SURETY MUST BE ATTACHED)

Rev. 3/14/01

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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E-Mail WWIS@WWISINC.COM