

Bond # _____

SEWER/STORM DRAIN CONNECTION BOND

KNOW ALL MEN BY THESE PRESENTS:

That I/we _____,
Address & Telephone No. _____
as PRINCIPAL(S), and _____, as
SURETY, are held and firmly bound unto the City of Los Angeles, a municipal corporation, in the just and full sum
of (\$ _____), lawful money of the United States of America,
for the payment which well and truly to be made we bind ourselves, our and each of our heirs, executors,
administrators, successors and assigns, jointly and severally firmly by these presents.

WHEREAS, the above bounden PRINCIPAL has applied or will apply for permits for the purpose of
making sanitary sewer house connections or storm drain connections, and pursuant to Municipal Code Section
64.15.1(b), is required to furnish bond as therein provided.

NOW, THEREFORE, the condition of this obligation is such that, whereas the above bounden
PRINCIPAL shall pay all charges required by Section 64.12 to 64.22, inclusive of the Los Angeles Municipal Code,
and shall faithfully and properly perform the work of making such connections under all permits issued to said
PRINCIPAL, to the satisfaction of the said Board of Public Works, and shall pay any and all damages sustained by
the City of Los Angeles by reason of faulty or defective work under such permits, then this obligation shall be null
and void, otherwise to remain in full force and effect.

The term of this bond is continuous until cancelled by giving 60 days advance notice by registered mail to
the City of Los Angeles., Office of the City Administrative Officer - Risk Management, 200 North Main Street,
Room 1240 CHE, Los Angeles, CA 90012

The Bond shall be effective from and after _____

Signed and sealed the _____ day of _____ A.D. _____

(Principal)

(Principal)

(Principal)

(Principal)

By _____ (Attorney-in-Fact)

(Surety)

INSTRUCTIONS:

All signatures must be acknowledged before a Notary Public.

If a corporation, two officers must sign and impress corporate seal on a Corporate Acknowledgement Form.

If a partnership, one general partner must sign

Rev. 7/12

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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