

BOND No. _____

PRINCIPAL _____

EFFECTIVE DATE _____

EXPIRATION DATE _____

BOND

Sonoma County Department of Public Works

Know All Men by These Presents:

WHEREAS, The hereinafter named principal has made or will make application to the DIRECTOR OF PUBLIC WORKS OF THE COUNTY OF SONOMA, of the State of California, for the issuance of a permit(s), in accordance with and subject to the provisions of Sonoma County Code Chapter 15 Article III and Ordinance No. 3027 and amendments or revisions thereof for the purpose of construction and/or repair of sanitary sewer lines and their appurtenances and the construction of any encroachment facility and the restoration of the county right of way or county-maintained portion of the road damaged during the course of construction and/or repair of these sanitary sewer lines and their appurtenances and/or in the construction of any encroachment facility _____

on Road _____: and,

WHEREAS, Said Director of Public Works has determined and required that said applicant shall file a bond to the County of Sonoma conditioned for the proper compliance with the requirements of said Ordinances and the regulations thereunder of said Sonoma County Board of Supervisors, and precedent to the taking effect of such permit(s), in the penal sum of _____ (\$_____.) Dollars

other structures thereon, and shall bear the entire expense of replacing the highway and every part thereof in as good condition as before, then this obligation to be void; otherwise to be in full force and effect.

Unless otherwise stated herein, this bond shall cover any act or omission of the principal under the permit(s) above referred to done or omitted at any time between the date hereof and 30 days after written notice of the cancellation of this bond is received by the Director of Public Works of the County of Sonoma from the surety.

IN WITNESS WHEREOF, We have hereby set our hand and seals this _____ day of _____, 19_____

PRINCIPAL AND APPLICANT

BUSINESS ADDRESS

SURETY

By _____
ATTORNEY IN FACT

By _____

COUNTY OF _____

On this _____ day of _____ in the year one thousand nine hundred and _____, before me _____, a Notary Public in and for the _____ County of _____, State of California, residing therein, duly commissioned and sworn, personally appeared _____ known to me (or proved to me on the basis of satisfactory evidence) to be the person _____ whose name _____ is/are subscribed to the within instrument as the Attorney in fact and _____

of the _____; and the said _____ acknowledged to me that _____ subscribed the name of _____ thereto as surety and _____ own name _____ as Attorney in fact and _____

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the _____ County of _____, the day and year in this certificate first above written.

Notary Public in and for the _____ County of _____, State of California.

My commission expires _____

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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