

SUBDIVISION TAX BOND
EXECUTED PURSUANT TO REQUIREMENTS FOR SECURITY UNDER THE
CALIFORNIA LAW RELATING TO SUBDIVISIONS

Know all Men by These Presents:

That, _____ as principal, and _____, a corporation, duly organized and doing business under and by virtue of the laws of the State of _____, and duly licensed for the purpose of making, guaranteeing or becoming sole surety upon bonds or undertaking required or authorized by the laws of the State of California, as Surety, are held and firmly bound unto the County of Alameda in the sum of _____ (\$ _____) lawful money of the United States of America, for the payment whereof well and truly to be made, we bind ourselves, our heirs, executor, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT,

WHEREAS, The owner(s) of a division of land representing a certain subdivision of real estate, to wit: _____ Map No. _____, intend (s) to file a map thereof with the Recorder of Alameda County; and

WHEREAS, There are no liens against the subdivision or any part thereof for unpaid state, county, municipal or other local taxes or assessments collected as taxes except taxes or assessments not yet payable; and

WHEREAS, The provisions of the Government Code of the State of California require that this bond be filed with the Clerk of the Board of Supervisors of Alameda County prior to recordation of the tract/parcel map;

NOW, THEREFORE, If the above-bounden principal shall pay when due all taxes and assessments, which at the time of filing said map, are a lien against the subdivision, or any part thereof, but not yet payable then this obligation shall be null and void; otherwise to remain in full force and effect.

The obligation of the surety hereunder shall arise immediately upon the failure of the above-bounden principal to pay when due to the County of Alameda the aforesaid taxes and assessments and shall remain in full force and effect until said taxes and assessments, including any supplemental assessments, are paid in full including any penalties incurred. In respect to such obligation the surety waives the benefit of the provisions of Section 2845 of the Civil Code of California.

If legal action is required to recover under this bond, the protection afforded by it shall cover the payment of reasonable attorney fees.

Signed and sealed this bond, the protection afforded by it shall cover the payment of reasonable attorney fees.

Signed and sealed this _____ day of _____, 20_____.

BOND NUMBER _____

Principal

By _____

By _____

This must be acknowledged

Before a Notary Public

Address

Zip

Telephone No.

Surety

Address of Surety

By _____

Title

\\JFM\TaxBond

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.

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