

**SURETY BOND
SAN DIEGO GAS & ELECTRIC**

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ as Principal and _____ as Surety, are held and firmly bound unto San Diego Gas & Electric, hereinafter called the "Obligee," in the sum of _____ (\$ _____), lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally by these presents

Surety agrees to pay to Obligee **immediately upon its demand** all charges for gas, electric, and/or transportation services, not to exceed \$ _____, which were incurred by Principal at any location served by the Obligee after _____, 20____, notwithstanding any other date appearing on or within this Bond, and prior to the cancellation date of this Bond, and which charges remain unpaid fifteen (15) days after presentation of bill for the same to Principal

The condition of the above obligation is such that

WHEREAS, the Principal is using or has used gas, electric, and/or transportation services at one or more location(s) served by Obligee:

NOW, THEREFORE, the condition of this obligation is such that if the above-bound Principal shall well and truly pay all due charges incurred for said gas, electric, and/or transportation services, then this obligation to be unenforceable against Surety, otherwise this obligation shall remain in full force and effect until termination in the manner provided in this Bond

CANCELLATION: Surety may cancel this Bond by written notice served by certified or registered mail, return receipt requested, upon San Diego Gas & Electric, at PO Box 129831, San Diego, California, 92101, Attention Commercial Credit Services specifying the effective date of said cancellation, which in no event shall be less than thirty (30) days after the date said notice is received by Obligee.

TERM: The term of this Bond shall begin on the date specified above and end on the date specified in the notice of cancellation by the Surety, subject to thirty (30) day limitation stated above

ATTORNEY COSTS AND FEES: In any litigation to enforce the provision of this Bond, the prevailing party shall be entitled to recover from the other party, as an element of damages, all costs of such litigation, including but not limited to reasonable attorney fees, expert witness fees, costs of document production or duplication, and any cost to that prevailing party associated with having its employees appear as witnesses, either at trial or deposition

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on their behalf by their respectively authorized officers or agents as of this _____ day of _____, 20____

(Principal) _____

By _____

Address _____

(Surety) _____

By _____

NOTARY PUBLIC

All inquiries or claims to Surety shall be directed to

Address _____

Telephone _____

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
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Phoenix, AZ 85015

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Local (602) 749-0702
Fax: (602) 674-8235

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