

SOUTHERN CALIFORNIA EDISON COMPANY

THE ADDRESS BELOW IS NOT A CUSTOMER  
ENGAGEMENT CENTER

Mail To: Credit Risk Management  
545 N. Rimsdale Avenue #6109  
Covina CA 91722

Attention: \_\_\_\_\_

SURETY BOND

Bond No. \_\_\_\_\_  
Amount \_\_\_\_\_

Effective Date \_\_\_\_\_  
Premium \_\_\_\_\_

We, \_\_\_\_\_ ("Principal") and \_\_\_\_\_ ("Surety"), a corporation incorporated under the laws of the State of \_\_\_\_\_ and duly authorized to engage in the Surety Insurance business in the State of California, are held and firmly bound unto Southern California Edison Company ("Edison"), in the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), lawful money of the United States of America. Until the payment of said sum is made, we bind ourselves, our successors and assigns, jointly and severally to Edison.

Surety agrees to pay to Edison upon demand all charges for any goods or services provided by Edison, not to exceed the amount stated above, which have been or will be incurred by Principal.

Principal and/or its subsidiaries plans to use, is using, or has used, goods or services provided by Edison. Principal and/or its subsidiaries is required to pay Edison for said goods or services provided by Edison and furnishes this Bond in lieu of a cash deposit otherwise required by Edison.

THE CONDITIONS OF THIS BOND ARE:

- The condition of obligation is such that this Bond will be unenforceable against Surety if Principal shall pay or cause to be paid to Edison all charges for any goods or services provided by Edison rendered at any and all times to Principal and/or its subsidiaries. Surety also agrees to fully reimburse and repay any and all costs, damages and reasonable expenses which Edison may suffer because of the failure of Principal or Surety to perform all of the obligations of Principal or Surety under this agreement.
- Surety must have a rating from AM Best Company of A or better.
- Default: In the event, however, (a) the Principal fails to render payment in full to Edison when due for any goods or services provided by Edison to Principal or any of its subsidiaries, or (b) files a petition in bankruptcy, this shall constitute a default of Principal. In the event of a default the amount due and owing, up to the full value of this Bond, will be paid by Surety to Edison. Such payment shall be made to Edison within thirty (30) days of receipt of notice from Edison of default of Principal. Interest on the amount due shall accrue at the rate of 18% per annum on the thirty-first (31<sup>st</sup>) day after receipt of notice from Edison.
- Cancellation: Subject to Paragraph 3 above, either party may cancel this Bond by written notice served by certified or registered mail or return receipt requested to the other party, specifying the effective date of said cancellation, which in no event shall be less than thirty (30) days after the postmarked date which said notice was mailed. Notice to Edison should be mailed to the above address.
- California Law: This agreement shall be governed by and construed in accordance with the laws of the State of California.

IN WITNESS THEREOF, the parties hereto have caused this Bond to be executed on their behalf by their respectively authorized officers of agents this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal of  
Principal

Principal: \_\_\_\_\_

By: \_\_\_\_\_  
Signature required

Address: \_\_\_\_\_

Surety: \_\_\_\_\_

Seal of  
Surety

By: \_\_\_\_\_

Address: \_\_\_\_\_  
Signature required

(Individual and Partnership)

(Corporation)

STATE OF CALIFORNIA  
COUNTY OF

STATE OF CALIFORNIA  
COUNTY OF

\_\_\_\_\_ SS  
On \_\_\_\_\_ before me,  
(Date)  
\_\_\_\_\_, personally  
(Notary)  
appeared \_\_\_\_\_ and  
(Signatory) \_\_\_\_\_  
(Signatory), personally

\_\_\_\_\_ SS  
On \_\_\_\_\_ before me,  
(Date)  
\_\_\_\_\_, personally  
(Notary)  
appeared \_\_\_\_\_ and  
(Signatory) \_\_\_\_\_  
(Signatory), personally

known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

known to me to be the President, and known to me to be the Secretary of the Corporation that executed the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Witness my hand and official seal.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

(Seal)

(Seal)

**THIS SECTION MUST ALWAYS BE COMPLETED  
(Attorney in Fact)**

STATE OF CALIFORNIA  
COUNTY OF

\_\_\_\_\_ ss.  
On \_\_\_\_\_ before me, \_\_\_\_\_, personally  
(Date) (Notary)  
appeared \_\_\_\_\_ and \_\_\_\_\_, personally  
(Signatory) (Signatory)

known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument as the Attorney(s) in fact of \_\_\_\_\_ and his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity(ies) upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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](mailto:WWIS@WWISINC.COM)**