



**SOUTHWEST GAS CORPORATION
SURETY BOND**

BOND NO. _____
PREMIUM \$ _____

Name of Surety _____
Mailing Address _____

Name of Principal (Customer) _____
Mailing Address _____

Service Address _____

Southwest Gas Corporation
Mailing Address _____

KNOW ALL MEN BY THESE PRESENTS:

The _____, a _____ corporation
(Name of Surety) (State of Corporate Domicile)

Authorized to do business in the State of _____ as Surety, is
Held and firmly bound unto Southwest Gas Corporation ("Southwest"), a California corporation, in the sum of
Dollars (\$ _____), lawful money in the
United States of America, for the payment whereof to said Southwest, the said Principal and said Surety bind
themselves, their heirs and executors, administrators, successors and assigns, jointly and severally, firmly by
these presents.

WHEREAS, said Principal has entered into agreement with the said Southwest for the purchase of gas service,
and is posting this bond in lieu of a required cash deposit guaranteeing payment of just bills incurred under
said agreement;

NOW, THEREFORE, the condition of the above obligation is such that if the said Principal shall pay or cause
to be paid all bills, statements or charges for gas service supplied or to be supplied at any and all premises at
which such gas service has been or may be ordered or contracted for by said Principal, then Surety shall have
no obligation to make payment pursuant hereto, but otherwise Surety shall have the obligation, unconditional
except as specifically provided herein, to pay Southwest for such gas service;

AND FURTHER, it is understood and agreed that Surety will pay or cause to be paid to Southwest, within
sixty (60) days from receipt of a demand for payment by said Southwest, all correct statements for gas service
to Principal.

It is also understood and agreed that Surety may cancel this bond by written notice served by registered mail
upon Southwest specifying the effective date of said cancellation, which no event shall be earlier than (a)
sixty (60) days after the date borne by Surety's registry receipt, or (b) the earliest date after the date borne by
Surety's registry receipt that Southwest can lawfully discontinue gas service to Principal for failure to establish
credit under Southwest's applicable rules on file with the regulatory commission having jurisdiction in the
premises, whichever date shall last occur, and the obligation of the Surety shall extend to payment for all gas
service rendered to Principal to and including such date of cancellation, up to the full amount of this Surety
Bond. Also, it will be incumbent upon the Surety to advise Southwest, via certified mail, within 30 days of
any changes to Surety's mailing address as shown herein.

In the event that Southwest shall find it necessary to employ attorneys to enforce any provision of this Surety
Bond, Surety agrees to pay to Southwest, in addition to any monies to which Southwest may be entitled
pursuant to judgement or settlement, (a) an amount equal to Southwest's cost of suit (if an action shall be filed),
(b) a reasonable attorney's fee (irrespective of whether an action shall be filed), and (c) interest at the highest
legal rate from the date Southwest shall first make demand upon Surety for payment to the date payment is
finally made.

IN WITNESS WHEREOF, the signature of the said
Principal is hereto affixed, and the corporate name,
signature and seal of the said Surety is hereto affixed and
attested by its duly authorized Attorney-in-fact, as required
by law, at _____
This _____ Day of _____, _____.

Signature of Surety

Signature of Principal

Signature of Southwest Representative

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