

ATTACHMENT 3
CONTRACT POSTAL UNIT BOND
INSTRUCTIONS

1. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of this form. The bond must be signed by an authorized person. Where such person is signing in a representative capacity (e.g., an attorney-in-fact), but is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved, evidence of authority, must be furnished.
2. Corporations executing th bond as sureties must be among those appearing on the Treasury Department's list of approved sureties and must be acting within the limitations set forth therein.
3. Corporations executing the bond must affix their corporate seals. Individuals must execute the bond opposite the word "Seal"; and, if executed in Maine or New Hampshire, must also affix an adhesive seal.
4. Address all correspondence relating to this bond to the CONTRACTING OFFICER at the address provided below.

NOTE: Do not substitute this form. The PS Form 7298, CONTRACT UNIT SURETY BOND, is obsolete and no longer valid. It will not be accepted by this office.

Premium on this bond is paid through: _____
(insert date)

Attach proof of payment.

Certifying Signature/Agent

Date

PLEASE RETURN THIS CERTIFICATION ALONG WITH THE COMPLETED BOND FORM.

DENVER PURCHASING SERVICE CENTER
UNITED STATES
POSTAL SERVICE

3300 S PARKER ROAD, SUITE 400
AURORA, CO 80014-3500
303/369-1244
FAX: 303/369-1251

CONTRACT POSTAL UNIT BOND	
CONTRACT NO. _____	DATE BOND EXECUTED: _____ PENAL SUM OF BOND: \$ _____ BOND NUMBER: _____
CONTRACT UNIT LOCATION: _____	
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation _____ STATE OF INCORPORATION
SURETY(IES) (Name(s) and business address(es))	
<p>KNOW ALL MEN BY THESE PRESENTS, that we, the Principal and Surety(ies) hereto, are firmly bound to the United States Postal Service (the Postal Service) in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally; Provided, That, where the Sureties are corporations acting as co-sureties, we the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of each Surety, but if no limit of liability is indicated, the limit of liability will be the full amount of the penal sum.</p> <p>THE CONDITION OF THIS OBLIGATION IS that the Principal and the Postal Service, entered into the contract identified above for the operation of a contract postal unit.</p> <p>NOW THEREFOR, If the Principal(s):</p> <p>(a) performs and fulfills all duties and trusts imposed on it as contractor in accordance with the terms of the contract and such rules, regulations and directories as the Postal Service or its authorized representative will prescribe pursuant to the contract; and</p> <p>(b) faithfully accounts for, deliver, and pays over to the Postal Service or its authorized representative all monies, stamps, and stamped paper, money order stock, mail matter, Postal Service property furnished pursuant to the contract, and all other property of every kind which comes into its possession (including the possession of its employees or agents) during the performance of the contract, then this obligation will be void and of no effect; otherwise it will remain in full force and effect.</p>	

CONTRACT POSTAL UNIT BOND (CONTINUED)

THIS BOND and the obligation hereunder will remain in full force and effect until the contract identified herein ends or is terminated in accordance with its provisions. However, the surety may cancel this bond upon 120 days' written notice given to the Postal Service and the Principal at any time after the expiration of the three year period following the start of the bonded contract. In addition, the surety may cancel this bond at any time that the surety has the written consent of both the Postal Service and the Principal, or that the Principal furnishes to the Postal Service a substitute bond on terms equivalent to this bond with a surety satisfactory to the Postal Service.

IN WITNESS WHEREOF, the Principal and Surety(ies) have executed this contract postal unit bond and have affixed their seals on the date set forth above.

PRINCIPAL

Signature (s)	1.	2.	Corporate Seal
	(Sealed)	(Sealed)	

Name (s) & Title (s) (Typed)	1.	2.
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CORPORATE SURETY (IES)

Name & Address	STATE OF INC.	LIABILITY LIMIT
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Signature (s)	1.	2.
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Name (s) & Title (s) (Typed)	1.	2.
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ADDRESS ALL CORRESPONDENCE TO:

U S POSTAL SERVICE
PURCHASING & MATERIALS SERVICE CTR
3300 S PARKER RD STE 400
AURORA CO 80014-3500
(303) 369-1244

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