



Colorado Springs Utilities

*It's how we're all connected*

111 S Cascade Ave.

Colorado Springs, CO 80903

PO Box 1103

Colorado Springs, CO 80947-0010

719-448-4800

800-238-5434

FAX 719-668-8154

## BOND FOR UTILITY CUSTOMERS

BOND NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_, a \_\_\_\_\_  
(individual – corporation – partnership – LLC – limited partnership, etc.), as principal, with office  
located at \_\_\_\_\_ and  
\_\_\_\_\_ as surety, are held and  
firmly bound unto Colorado Springs Utilities of the City of Colorado Springs, Colorado, in the sum of  
\_\_\_\_\_ Dollars (\$ \_\_\_\_\_) lawful money of the United  
States, well and truly to be paid to Colorado Springs Utilities of the City of Colorado Springs,  
Colorado, binding our heirs, assigns, executors, administrators, and successors jointly and severally  
being firmly held by these presents, signed and dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

The conditions of the above obligations are as follows:

WHEREAS, Colorado Springs Utilities of the City of Colorado Springs, Colorado, may require a  
cash deposit or surety bond from consumers of utility services (electric, gas, water and wastewater,  
any one, any combination, or all) in an amount at least sufficient to cover the estimated use of said  
services for three (3) months, and

WHEREAS, \_\_\_\_\_ of  
Colorado Springs, Colorado, is a consumer of utility services at \_\_\_\_\_  
\_\_\_\_\_, Colorado Springs, Colorado, mentioned in this obligation.

NOW THEREFORE, if the said \_\_\_\_\_  
shall honestly, faithfully and timely comply with the rules of Colorado Springs Utilities and the terms  
of its contracts with Colorado Springs Utilities for payment for all utility services consumed on the  
premises mentioned in this obligation, which payment the surety expressly guarantees, then and in  
that event the above obligation shall be void; otherwise to remain in full force and effect.

Regardless of the number of years this bond remains in force, the aggregate liability of the Surety  
for any and all claims shall in no event exceed the penal sum of the bond.

### Bond for Utility Consumers (Cont.)

It is expressly agreed and understood that no change or alteration in or deviation from said contract or rules of the Colorado Springs Utilities nor any change in the manner of making the payment shall release the surety herein, provided, however, the surety may cancel this bond with thirty (30) days' written notice to Colorado Springs Utilities, which cancellation shall be effective only as to charges for services rendered after such cancellation. If legal action is required to enforce the terms of this bond, the prevailing party shall be awarded their cost of litigation, including reasonable attorney fees.

IN TESTIMONY WHEREOF, we have hereto set our hands this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
CONSUMER

TITLE: \_\_\_\_\_

ATTEST \_\_\_\_\_

BOND APPROVED BY:

\_\_\_\_\_  
Manager  
Customer Revenue Division  
Colorado Springs Utilities

\_\_\_\_\_  
Surety

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

\_\_\_\_\_

Bond forms change; this is for educational purposes only.

# 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>	
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](mailto:WWIS@WWISINC.COM)