

Surety Bond

KNOW ALL MEN BY THESE PRESENTS, That we, _____
an _____ with its principal place
of business at _____, as
Principal, and _____,
_____, a corporation duly authorized by law to become surety on bonds in the State of
Connecticut as Surety, are held and firmly bound unto The Connecticut Light & Power
Company, 107 Seldon St., Berlin, CT 06037 in the sum of
\$ _____ lawful money of the United
States, to be paid to The Connecticut Light & Power Company for which payment well
and truly to be made, the Principal binds itself, its successors and assigns, and _____
_____ binds itself, its successors and assigns, jointly, and severally,
firmly by these presents.

WHEREAS, The Connecticut Light & Power Company is providing utility service to the
Principal and the Principal has agreed to pay for all such utility service in accordance
with the rules and regulations of The Connecticut Light & Power Company and the rules
and regulations of the Connecticut Department of Utility Control in effect from time to
time:

NOW, THEREFORE, the condition of this Surety Bond is such, that if the Principal shall
pay all utility bills in accordance with the rules and regulations of The Connecticut Light
& Power Company and the regulations of the Connecticut Department of Utility Controls
in effect from time to time, then this surety bond shall be null and void, otherwise to
remain in full force and effect:

The Surety agrees that it will pay The Connecticut Light & Power Company for all
unpaid utility bills of the Principal, upon written demand of The Connecticut Light &
Power Company to the Surety setting forth the amount due from the Principal for said
utility service. Liability under this bond, shall be limited to the amount set forth above
and shall include only bills incurred by the Principal for utility provided on or before
_____.

IN WITNESS WHEREOF, _____ and
_____ have caused this instrument to be signed
by their duly authorized representatives, and their corporate seals to be hereunto affixed.
Signed this _____ day of _____.

WITNESSES:
As to principal

As to Surety

names must be typed under

signatures

Customer of Record

BY _____
Its Duly Authorized

SURETY COMPANY

BY _____
Attorney-in-fact

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.

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