



## SURETY BOND

Yankee Gas Services Company  
P.O. Box 150410  
Hartford, CT 06115-0410

The Northeast Utilities System

KNOW ALL PERSONS BY THESE PRESENTS, That, \_\_\_\_\_ (Name of Customer of record) \_\_\_\_\_, a \_\_\_\_\_ Partnership/Corporation/LLC/Proprietorship \_\_\_\_\_ with its place of business at \_\_\_\_\_ (Customer's address) \_\_\_\_\_, as Principal, and \_\_\_\_\_ (Insurance Company's Name) \_\_\_\_\_, \_\_\_\_\_ (Insurance Company's address) \_\_\_\_\_, a corporation duly authorized by law to become surety on bonds in the STATE OF CONNECTICUT, as Surety, are held and firmly bound unto YANKEE GAS SERVICES COMPANY, 107 Selden St., Berlin, CT 06037, in the sum of \$ \_\_\_\_\_ (Amount of bond in words) \_\_\_\_\_, lawful money of the United States, to be paid to for which payment well and truly to be made, YANKEE GAS SERVICES COMPANY the Principal binds itself, its successors and assigns, and \_\_\_\_\_ (Insurance Company's name) \_\_\_\_\_ binds itself, its successors and assigns, jointly and severally by these presents.

WHEREAS YANKEE GAS SERVICES 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 YANKEE GAS SERVICES COMPANY and the rules and regulations of the CONNECTICUT DEPARTMENT OF PUBLIC 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 YANKEE GAS SERVICES COMPANY and the regulations of the CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL 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 YANKEE GAS SERVICES COMPANY for all unpaid utility bills of the Principal, upon written demand of YANKEE GAS SERVICES 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 service provided on or before

\_\_\_\_\_ (Date-One year from signing of bond) \_\_\_\_\_

Bond forms change; this is for educational purposes only.



IN WITNESS WHEREOF, \_\_\_\_\_ (Customer's Name), and  
\_\_\_\_\_ (Insurance Company's Name) have caused this instrument to be  
signed by their duly authorized representatives, and their corporate seal to  
be hereunto affixed.

Signed this \_\_\_\_ day of \_\_\_\_ (Month), (Year) \_\_\_\_\_.

WITNESSES:

as to Principal

CUSTOMER OF RECORD

X \_\_\_\_\_ (Signed) \_\_\_\_\_  
\_\_\_\_\_ (Witnesses name typed) \_\_\_\_\_

X \_\_\_\_\_ (Signed) \_\_\_\_\_ By \_\_\_\_\_ (Signed) \_\_\_\_\_  
\_\_\_\_\_ (Witnesses name typed) \_\_\_\_\_ \_\_\_\_\_ (Officer's name & title typed) \_\_\_\_\_  
Its Duly Authorized

as to Surety

INSURANCE COMPANY'S NAME

X \_\_\_\_\_ (Signed) \_\_\_\_\_ By \_\_\_\_\_ (Signed) \_\_\_\_\_  
\_\_\_\_\_ (Witnesses name typed) \_\_\_\_\_ \_\_\_\_\_ (Officer's name & title typed) \_\_\_\_\_  
Its Duly Authorized

X \_\_\_\_\_ (Signed) \_\_\_\_\_  
\_\_\_\_\_ (Witnesses name typed) \_\_\_\_\_

# 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.

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