



**New Castle County
Department of Land Use
Statutory Compliance Bond – License Period**

Surety:
(Address)

Bond No.

Penal Sum:

Effective Date:
(dated 1/1/ or later)

Principal:
(Company Name
and Address)

Expiration Date: January 1,

License Period: January 1, to
January 1,

KNOW ALL PERSONS BY THESE PRESENTS, that Principal and Surety are held firmly bound unto New Castle County, a political subdivision of the State of Delaware, in the penal and full amount of this bond, for the payment of such sum shall well and truly be made, we bind ourselves and our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bound Principal has made application to New Castle County for a contractor license with permit contractor endorsement in the following category(s):

- | | | | |
|--|-----------|--|----------|
| <input type="checkbox"/> Class U Building Contractor | \$200,000 | <input type="checkbox"/> HVACR Contractor | \$25,000 |
| <input type="checkbox"/> Class A Building Contractor | \$150,000 | (this selection includes any/all restricted categories | |
| <input type="checkbox"/> Class B Building Contractor | \$ 50,000 | under the Master HVACR contractor license) | |
| <input type="checkbox"/> Class C Building Contractor | \$ 25,000 | | |
| <input type="checkbox"/> Outside Utility Contractor | \$ 50,000 | <input type="checkbox"/> Master Plumber Contractor | \$10,000 |
| <input type="checkbox"/> Third Party Inspector | \$ | <input type="checkbox"/> Sewer and Drain Cleaner | \$10,000 |
| | | <input type="checkbox"/> Decorative Appliance Contractor | \$10,000 |

NOW THEREFORE, in consideration of the contractor license with permit contractor endorsement now or hereafter being granted or continued, Principal and Surety shall:

I. Comply with all provisions of the New Castle County Building Code and all applicable federal and State of Delaware laws and regulations affecting or relating to the business or occupation that the contractor license with permit contractor endorsement is issued the same as if such requirements and provisions were fully set forth in this bond and by reference such requirements and provisions are made a part hereof.

II. Faithfully correct any and all violations of the New Castle County Building Code and all laws, ordinances, and regulations affecting or relating to the business or occupation that the contractor license with permit contractor endorsement is issued discovered within three years from the date of the issuance of the certificate of occupancy or the certificate of completion subject to tolling and accrual provisions of 10 Del. C. § 8106.

III. Indemnify and hold harmless New Castle County, its officers, employees, agents, and representatives from any and all liability, loss, damage, or expense of any kind whatsoever that New Castle County, its officers, employees, agents and representatives may sustain or that may be recovered from it or them by reason of the issuance of a contractor license with permit contractor endorsement or from claims related or connected to the execution of work performed by Principal, its, his or her agents and employees, or any subcontractor or any other person under Principal's supervision, direction or control.

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IV. Pay all penalties, fees, and charges that are imposed by New Castle County pursuant to the New Castle County Code if Principal fails to pay such charges within thirty (30) days after they are due.

PROVIDED, HOWEVER, that this bond is subject to the following conditions and provisions:

1. If Principal fails to correct any code violations after being noticed and having the opportunity to contest such violations pursuant to the applicable violation, enforcement, and penalty provisions enumerated in the New Castle County Building Code, then Surety shall remedy the default within sixty (60) days of notification by New Castle County.
2. The aggregate penalty of this bond shall not exceed the penal sum stated in this bond.
3. Any claim under this bond shall be instituted before the expiration of three years from the date the certificate of occupancy or certificate of use is issued subject to tolling and accrual provisions of 10 Del. C. § 8106.
4. This bond applies to work permitted during the License Period only.
5. Surety may cancel this bond by giving forty-five (45) days advanced notice in writing to the Principal and the New Castle County Code Official at:

Office of the Code Official
New Castle County Department of Land Use
87 Reads Way
New Castle, DE 19720

Surety's liability shall cease upon effective date of cancellation, except with respect to losses, claims or obligations associated with work permitted during the License Period before the effective date of cancellation.

6. This bond may not be continued in whole or in part past the Expiration Date.

IN WITNESS THEREOF, Principal and Surety hereby sign and seal this Bond:

Principal (SIGNATURE) (Must be listed as principal of company on license application)

Surety (SEAL) (Agent must attach proof of authority to act as Attorney-in-fact for Surety.)

By: _____
Signature

By: _____
Signature (Seal)

Print Name

Print Name

Title

Title

Date: _____

Date: _____

Claim Contact Information (include address and phone number):

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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