

STATEMENT OF BONDING LIMITS	
Qualifying (Applicant) Agent's Name: _____	
Business Entity's Name: _____	
<p>Board Rule 61G6-5.004(1), F.A.C., requires that you submit a statement signed and sealed by an officer of a Florida licensed surety company that the surety company would issue a performance or payment bond in the amount of \$25,000 for an unlimited electrical contractor or alarm system contractor and \$10,000 for a specialty contractor. <i>You may substitute an irrevocable letter of credit from a responsible financial institution in the same amounts, in lieu of this requirement. (The letter is on the next page.)</i></p>	
SURETY AGENT COMPLETES THIS SECTION:	
1.	Attach an original "Power of Attorney" certifying that said power of attorney appointed is in full force and effect.
2.	Have signature of officer of surety company notarized.
3.	Date surety company was licensed to do business in the State of Florida.
4.	This statement of bonding limits represents the bondability of the named business entity based on its current financial condition and is submitted for the purpose of licensure of the business entity.
<p>This is a statement that the business entity is bondable and the surety agent would issue a performance or payment bond for the business entity in an amount of \$25,000 for an unlimited electrical contractor and alarm system contractor or \$10,000 for a specialty contractor.</p>	
<p>The business entity noted above is qualified to be bonded with (Name of Surety Agent)</p> <p>_____</p>	
<p>and we would issue a performance or payment bond in the amount of:</p>	
<p>(PLEASE CIRCLE AMOUNT) \$25,000 or \$10,000 (See note above when determining amount.)</p>	
<p>Signed, Sealed and Dated June 10, 2008</p>	
<p>_____ Signature-Officer of Surety Agent</p>	<p>_____ Print Name of Officer</p>
<p>Date licensed to do business in Florida _____ and License # _____</p>	
<p>SURETY COMPANY SEAL:</p>	

Bond forms change; this is for educational purposes only.V

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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