

MINIMUM AMOUNT - \$2,000

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

# BOND OF

\_\_\_\_\_  
(NAME OF FIRM)

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

KNOW ALL MEN BY THESE PRESENTS, THAT WE, \_\_\_\_\_,  
HEREINAFTER CALLED PRINCIPAL, AND \_\_\_\_\_ AS SURETY, INCORPORATED UNDER THE LAWS  
OF THE STATE OF FLORIDA, AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA, ARE HELD AND FIRMLY  
BOUND UNTO PALM BEACH COUNTY, FLORIDA AND ALL MUNICIPALITIES THEREIN, IN THE SUM OF TWO-THOUSAND DOLLARS  
(\$2,000), LAWFUL MONEY, FOR THE PAYMENT WHEREOF WELL AND TRULY TO BE MADE, WE DO BIND OURSELVES, AND EACH  
OF OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE  
PRESENTS.

SEALED WITH OUR SEALS, AND DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. \_\_\_\_\_. THE CONDITION OF THIS  
OBLIGATION IS SUCH, THAT, WHEREAS, THE ABOVE BOUNDEN \_\_\_\_\_, HAS, ON THE  
\_\_\_\_ DAY OF \_\_\_\_\_ A.D. \_\_\_\_\_, APPLIED FOR A LICENSE TO CARRY ON THE BUSINESS OR OCCUPATION OF  
\_\_\_\_\_ IN PALM BEACH COUNTY, FLORIDA AND ALL MUNICIPALITIES THEREIN, SAID BOUNDEN SHALL  
PROTECT AGAINST ALL LOSS, COSTS, EXPENSES OR DAMAGES OCCASIONED BY THE NEGLIGENCE OF SAID PRINCIPAL IN  
FAILING TO PROPERLY EXECUTE ALL WORK DONE BY HIM OR HIS EMPLOYEES, OR UNDER HIS DIRECTION OR SUPERVISION.  
ALL LAWS, STATUTES, ORDINANCES, RULES AND REGULATIONS PERTAINING TO SUCH LICENSE OR PERMIT ISSUED TO SAID  
PRINCIPAL SHALL BE STRICTLY FOLLOWED.

NOW, THEREFORE, IF THE SAID PRINCIPAL DILIGENTLY AND FAITHFULLY PERFORM ALL CONDITIONS OF THIS  
OBLIGATION AS PRESCRIBED, THIS OBLIGATION TO BE VOID - OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNTIL  
THE 30TH DAY OF SEPTEMBER, A.D. \_\_\_\_\_, UNLESS RENEWED.

BE IT FURTHER PROVIDED, THAT SAID SURETY SHALL NOT BE LIABLE HEREUNDER FOR A LARGER AMOUNT IN  
AGGREGATE THAN THE AMOUNT OF THIS BOND. SAID BOND MAY BE TERMINATED AT ANY TIME BY THE SURETY UPON  
NOTICE IN WRITING BY CERTIFIED MAIL TO THE CONSTRUCTION INDUSTRY LICENSING BOARD. AT THE EXPIRATION OF  
THIRTY (30) DAYS FROM MAILING OF SAID NOTICE, SAID BOND SHALL TERMINATE, AND SAID SURETY SHALL BE RELIEVED  
OF ANY ACTS OR OMISSIONS OF SAID PRINCIPAL SUBSEQUENT TO THE TERMINATION DATE.

THE CONSTRUCTION INDUSTRY LICENSING BOARD OF PALM BEACH COUNTY SHALL INFORM ALL MUNICIPALITIES  
WITHIN PALM BEACH COUNTY OF THE TERMINATION OF THIS BOND WITHIN THIRTY (30) DAYS FROM RECEIPT OF SAID NOTICE  
OF THE SURETY.

NAME OF PRINCIPAL: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

SURETY: \_\_\_\_\_

BY: \_\_\_\_\_  
ATTORNEY IN FACT

**(POWER OF ATTORNEY MUST BE ATTACHED)**

# 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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