



**HERNANDO COUNTY BOND FOR
GENERAL
BUILDING
RESIDENTIAL**

Bond Number _____

Agent _____

BOND FOR _____ CONTRACTOR
(Type of Contractor)

KNOW ALL MEN BY THESE PRESENTS that we, _____
(Individual d/b/a Business Name)

(herein after called the Principal) and _____
(Bonding Agent)

a corporation duly qualified and authorized under the laws of the State of Florida to act as surety on bonds (hereinafter called the Surety) are held and firmly bound unto **State of Florida Construction Industry Recovery Fund** in the penal sum of **\$5,000.00**, lawful money of the United States of America, the true payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this bond.

DATED THIS _____ DAY OF _____, _____.

The condition of this bond is such that if the above bound principal, the said _____ shall protect all persons suffering any loss or damage occasioned by said principal failing to comply with any of the provisions of any municipal or county code applicable to the work performed by said principal, or the officer, employees or agents of said principal, or under the direction and supervision of said principal and shall, without additional cost to the person for whom any such work is performed, remedy all defects in said work due to faulty workmanship or material furnished or used by said principal, and shall reconstruct any such defective work and shall replace or make good any defective material to the satisfaction of the inspector having jurisdiction of the class of work embraced in the code applicable thereto, at any time within one (1) year after the performance of any such work by said principal, his agents or employees, and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the same, then this notice from such inspector to reconstruct, replace or repair the same, then this obligation shall become null and void; other wise to remain in full force and effect. The failure or default on the part of the principal in remedying any defects in such work due to faulty materials furnished or used by said principal, shall give the person for whom such work is performed a right of action against the principal and surety under this obligation; provided, that no suit, action or proceeding by reason of any default shall be brought on this bond after two (2) years from date of final completion of the work done by the principal for any such person.

This bond may be canceled by the surety for any cause after thirty (30) days written notice to the principal and the Building Official.

THE PREMIUM ANNIVERSARY (RENEWAL) ON THIS BOND SHALL BE _____ DAY OF _____, _____.

Certificate of Competency Card Holders must list their names as principal and in addition must indicate whether he is doing business as a corporation, partnership, company, or individual. If the principal is doing business as a corporation and is not the President, Vice President or Secretary, the bond must also bear the signature of one of these officers or the principal must show his authority to bind the corporation.

INDIVIDUAL (PRINCIPAL)

CORPORATE NAME

BY: _____
CORPORATE OFFICER (TITLE)

INSURANCE COMPANY (SURETY)

BY: _____
ATTORNEY-IN-FACT (SURETY) **VALERIE ABER**

CORPORATE SEAL MUST BE AFFIXED.

APPROVED ON THE _____ DAY OF _____, _____.

**Please send copy to:
Hernando County Development Dept.
Contractor Certification
789 Providence Boulevard
Brooksville, Florida 34601**

bond.frm
revised 04/06

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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

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