

# HILLSBOROUGH COUNTY CONTRACTOR'S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR CLEARLY PRINTED

BOND FOR \_\_\_\_\_ CONTRACTOR BOND NUMBER \_\_\_\_\_  
(Type of License Held)

INSURANCE AGENCY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**

That we, \_\_\_\_\_ \*and  
(License Holder's Name if Individual or License Holder's Name and Company Name if qualifying a Company)

\_\_\_\_\_  
(Name of Surety/Bonding Company Providing Bond)

a corporate authorized to do business in the State of Florida (hereafter called Surety), are held and firmly bound unto \_\_\_\_\_, Governor of the State of Florida, and his successors in office, in the penal sum of Five Thousand Dollars (\$5,000), 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 officer, employee or agent 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 will replace or make good any such 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 obligation shall become null and void; otherwise 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 workmanship or incorrect construction or installation or 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, however, that no suit, action, or proceeding by reason of any default shall be brought on this bond after one (1) year from date of final completion of the work done by the Principal for any such person.

This bond shall be considered continuous until such time as notification of cancellation is furnished to the Hillsborough County Development Services Division, Construction Licensing Team. Cancellation must be received no less than 15 days prior to the cancellation effective date.

\_\_\_\_\_  
Printed/Typed License Holder's Name – not company name

\_\_\_\_\_  
License Holder's Signature

Surety \_\_\_\_\_

By \_\_\_\_\_

Attorney-in-Fact or Surety  
(Affix Insurance Company Seal)

03/24/10



## CONTRACTOR'S CODE COMPLIANCE BOND INSTRUCTIONS & BLANK BOND

Attached is the bond form required of all contractors working in Hillsborough County. **Hillsborough County must receive the original signed & sealed bond** along with the registration/application package. Please insure your bonding company completes all lines correctly. Incorrect or faxed copies of the bond will not be accepted.

1. Upper Left: "Bond For" must state what classification of contractor the bond covers (i.e. Building, General, Mechanical, Electrical, Plumbing, Gas, Specialty (specific trade), Swimming Pools, Roofing, Irrigation, etc.). **NOTE: A separate bond is required for each license category/license held.**
2. The first blank space in Paragraph 1 must contain the **complete name of the "Principal"** (License Holder) if doing business as an individual, **or the license holder's name and company name if the contractor is qualifying a corporation or firm.** If the contractor holds a state license, the name on this bond must read the same as the state license. **BONDS WITH ONLY COMPANY NAMES WILL NOT BE ACCEPTED.**

### EXAMPLE

John Doe  
*(as an individual)*

**Or**

John Doe/Smith & Miller, Inc. or John Doe d/b/a Smith & Miller, Inc.  
*(as a contractor qualifying a company)*

If the license holder qualifies a corporation or firm, the license holder must be an active officer of that corporation or firm, or must be its designated agent.

3. Only one (1) corporation or firm name is permitted.
4. The second blank space in Paragraph 1 names the Surety Company providing the bonding.
5. The first blank space in Paragraph 2 must contain the name as indicated in Item 2 above.
6. The "Principal" (license holder) must sign the bond. The name of license holder must be printed/typed on the line above signature line. **The "company" is not the license holder.**
7. **All bonds are "Continuous" until cancelled.** The Hillsborough County Licensing Team must receive all Notices of Cancellation no later than 15 days prior to the effective date of cancellation.
8. The Surety (bonding) Company is to notify, in writing, the Hillsborough County Code Compliance Team at (813) 635-7313 when any claim is made on any bond, whether paid on or not.
9. All bonds must contain the seal of the surety company and be signed by the Attorney-in-Fact for the surety company. A Power-of- Attorney for the individual signing on behalf of the surety company shall be attached to all bonds.

Please direct all correspondence/communication to:

**CONTRACTOR LICENSING TEAM  
601 E. Kennedy Boulevard, 19<sup>th</sup> Floor  
P.O. Box 1110  
Tampa, Florida 33601**

Phone (813) 307-4561 or 635-7312 Fax: (813) 635-7367

03/24/2010

# 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>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**

**E-Mail WWIS@WWISINC.COM**