## **NASSAU COUNTY LICENSE BOND**

|   | BOND :                 | OND #                                 |  |  |
|---|------------------------|---------------------------------------|--|--|
| KNOW ALL MEN THESE PRESENT  | S, that                |                                       |  |  |
| We  |                        |                                       |  |  |
| conducting business in the name of  |                        | as Principal,                         |  |  |
| and, a co   | rporation in the State | of                                    |  |  |
| lawfully doing business in the State of Florida, COUNTY, FLORIDA in the penal sum of TW well and truly to be paid, said Principal and Supresents. | O THOUSAND AND         | 00/100 DOLLARS for which sum          |  |  |
| THE CONDITION OF THIS OBILIGA   | TION IS SUCH T         | нат,                                  |  |  |
| WHEREAS, the above bounden  | on business on a (n)   |                                       |  |  |
| NOW, THEREFORE, if the said   | NTY, FLORIDA regul     | ating the Construction Industry then  |  |  |
| PROVIDED, HOWEVER, that this bond may the Surety and Principal hereon.  | be continued from ye   | ar to year by certificate executed by |  |  |
| SIGNED, SEALED AND DATED THIS   | DAY OF                 | A.D. 20                               |  |  |
| Witness:  |                        |                                       |  |  |
|   | Principal              | (L.S.)                                |  |  |
|   | The                    | Indemnity Company                     |  |  |
|   | Ву:                    | <del> </del>                          |  |  |
|   | Its.                   |                                       |  |  |

## **Surety Bond Application**

| AGENCY NAME:   | AGENCY CONTACT:   |   |                  |          |  |  |  |
|--|-------------------|---|------------------|----------|--|--|--|
|  |                   |   | AGENCY EMAIL:    |          |  |  |  |
| AGENCY ADDRESS:  | City:             |   | State:           |          |  |  |  |
| 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 S   | S#:               | Ho  | me Phone: ( )    |          |  |  |  |
| Residence Address:   | City:             | St  | ate:             | Zip:     |  |  |  |
| Business Name:   |                   |   |                  |          |  |  |  |
| Business Phone: ()   | Business Fax: (   | )   | E-mail:          |          |  |  |  |
| Business Address:  | City:             | St  | ate:             | Zip:     |  |  |  |
| Date Business BEGAN under present Individ  | ual or Firm Name: |   | BUSINESS TAX ID: |          |  |  |  |
| HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS  |                   |   |                  |          |  |  |  |
| FOR ANY PURPOSE?  YES NO AGAINST YOU?  YES NO AGAINST YOU?   |                   |   |                  |          |  |  |  |
| 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 N          | NAME:   | •                |          |  |  |  |
| SS#:   | SPOUSE S          | SS#:  | PHON             | E:       |  |  |  |
| HOME ADDRESS:  | City:             |   | state:           |          |  |  |  |
| PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)  |                   |   |                  |          |  |  |  |
| ST   |                   | TS AND LIABILITIES  | AS OF            | <u> </u> |  |  |  |
| ASSETS CASH IN DANK  |                   | NOTES DAVABLE TO  | LIABILITIES      | <u> </u> |  |  |  |
| CASH IN BANK CASH ON HAND  |                   | NOTES PAYABLE TO BANKS 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 FOUIDMENT  |                  |          |  |  |  |
| REAL ESTATE  |                   | DUE ON EQUIPMENT DUE ON REAL ESTATE                         |                  |          |  |  |  |
| OTHER ASSETS   |                   | OTHER LIABILITIES   |                  |          |  |  |  |
|  |                   | CAPITAL STOCK (if a corporation)                            |                  |          |  |  |  |
|  |                   | SURPLUS AND UNDIVIDED PROFITS                               |                  |          |  |  |  |
|  |                   |   |                  |          |  |  |  |
| TOTAL ASSETS   |                   | TOTAL LIABILITIES   |                  |          |  |  |  |
| Name of Owners   | Name and 1        | NET WORTH itle of Officers % OWNERSHIP IN COMPANY           |                  |          |  |  |  |
| Addition of Children and The Comments // Office in the Comments // Off |                   |   |                  |          |  |  |  |
|  |                   |   |                  |          |  |  |  |

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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