

City of Lakeland
Building Inspection Division

BLANKET SURETY BOND

Demolition Contractor

KNOW ALL MEN BY THESE PRESENTS that _____
(hereinafter called the "Principal"), as Principal, and _____
(hereinafter called "Surety"), as surety, are held and firmly bound into the City of Lakeland, Florida, A
Florida municipal corporation, for the sum of five thousand dollars (\$5,000.00), to the payment of which
the Principal and surety bind themselves, their heirs and each of their successors and assigns, jointly and
severally, firmly by these presents.

THE CONDITION OF THIS BOND is that if the Principal, in connection with the ongoing
demolition of buildings commenced between _____ and _____
at various permitted location in the City of Lakeland, Florida, fulfills the following obligations to City
specifications:

- (1) Clearing the site and adjacent right of way of all debris resulting from the demolition, and
subsequently evenly grading the site;
- (2) Commencing clearing and debris removal within ten (10) days following demolition and
completing same within thirty (30) days after commencement;
- (3) Adjusting, repairing, or restoring within ten business days of completion of the
demolition, anything located within the public right of way affected or damaged by the
demolition or the operation of any vehicles or equipment to or from the site; and
- (4) Capping, to the satisfaction of the City, all water, sewer, and steam lines at the property
line of the site,

then this Bond is void; otherwise it remains in full force.

SIGNED, SEALED AND DELIVERED this _____ day of _____, 20 ____.

PRINCIPAL

BOND # _____

SURETY (BY ITS ATTORNEY IN FACT)

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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