

SURETY BOND FOR PUBLISHERS OF STATE-ADOPTED INSTRUCTIONAL MATERIALS

KNOW ALL MEN BY THESE PRESENTS: **BOND NUMBER**_____

That, _____, doing business in the City of _____, State of _____, as Principal, and _____ of _____ State of _____, as Surety, are held and firmly bound unto the STATE OF FLORIDA in the sum of _____ DOLLARS, to the payment of which sum, we do hereby bind ourselves, our heirs, assigns, successors and legal representatives, jointly and severally, firmly by these presents.

Given under our hands and seals, this _____ day of _____, 2007.

The condition of this bond is that if the said _____ shall well and truly observe, keep, maintain, and preserve the terms of an agreement, dated the _____ day of _____, 2007, made with the STATE OF FLORIDA for the sale, supply, distribution and furnishing of the instructional materials mentioned in the said contract for the public schools in the said STATE OF FLORIDA from 2007 through 2013, as provided by Chapter 1006, Florida Statutes, and shall faithfully, honestly and exactly perform their said contracts, and shall do the acts and deeds as by said agreements and the Laws of the State are required and enjoined, and will pay all reasonable attorney’s fees in case of recovery in any suit upon the bond, then this obligation shall be void; otherwise remain in full force and effect.

And it is further provided as required by Chapter 1006, Florida Statutes, and so understood and agreed by both Principal and surety hereto that this bond shall not be exhausted by a single recovery, but may be sued on from time to time until full amount thereof shall be recovered.

The contract above referred to and attached hereto is as fully covered and made a part of this bond as if the same had been recited in full herein.

IN WITNESS WHEREOF, the Principal has hereunto signed its name by _____ its duly authorized and constituted _____, who has full authority to execute this instrument, and has hereunto attached and affixed its corporate seal.

And the Surety has hereunto signed its name by _____ and _____, its duly authorized and constituted Attorneys-in-fact, who have full authority to execute this instrument, and has hereunto attached and affixed its corporate seal.

Principal

BY: _____
Signature

Surety

BY: _____
Signature

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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