

**INDEMNITY BOND FOR SOLID WASTE DISPOSAL SERVICE FURNISHED
BY THE CITY OF JACKSONVILLE**

KNOW ALL MEN BY THESE PRESENTS, that _____
_____, as Principal, and _____
_____, a corporation organized and existing under the laws of
State of _____, and duly authorized to conduct and to carry on a general
surety business in the State of Florida, are each held and firmly bound unto the City of Jacksonville,
as obligee, in the full and just sum of _____
_____ Dollars, lawful money in the United States of America for the
payment thereof well and truly to be made the said Principal and the said Surety hereby bind themselves, their respective heirs,
legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied to the City of Jacksonville for solid waste disposal service, and

WHEREAS, under the rules and regulations of the City of Jacksonville, it is necessary for the Principal to
furnish security for the prompt payment of solid waste disposal bills for solid waste disposal service furnished and supplied to the
Principal by the obligee; and

WHEREAS, the Principal desires to post this bond in lieu of a cash deposit or letter of credit as security for the
payment of said solid waste disposal bills.

NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall well and faithfully
perform the obligations herein recited and shall promptly pay all bills rendered by the City of Jacksonville or its responsible billing
official to said Principal for solid waste disposal services as provided by this bond and the rules and regulations of the City of
Jacksonville, then the above obligations shall be null and void, otherwise to remain in full force and effect, and the Surety herein
agrees to pay, within ten (10) days after written demand for payment by the City of Jacksonville or its responsible billing official,
any delinquent solid waste disposal bills rendered by the City of Jacksonville or its responsible billing official to the Principal herein
if such bills are not paid by said Principal within fifteen (15) days from the date of said bills.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS

1. That the Surety company reserves the right to cancel this bond by giving one hundred twenty (120)
days written notice to the City of Jacksonville, and on the effective date of such one hundred (120) day cancellation notice,
the Surety is discharged and relieved of any liability, it being understood and agreed, however, that the said Principal and said
Surety will be liable for any loss accruing up to the effective date of said one hundred twenty (120) day cancellation notice in no
event, however, in excess of the penalty of this bond.

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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