

SOLID WASTE DIVISION

BOND FOR PAYMENT OF DISPOSAL CHARGES

BOND NO _____

KNOW ALL MEN BY THESE PRESENTS: That I, _____
(Applicant)

of _____
(Address, City, State and Zip Code)

as Principal, and _____, a corporation licensed
for insurance purposes in the State of Florida, with its Florida office in the city of _____,
as Surety are held and firmly bound unto the BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY,
FLORIDA, as Obligee, in the sum of \$ _____, lawful money of the United States of America, for the
payment of which, will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT:

WHEREAS, the above bound Principal wishes to maintain a credit account with the Solid Waste Division
of Orange County, Florida, and

WHEREAS, the Principal is required to deposit with the BOARD OF COUNTY COMMISSIONERS OF
ORANGE COUNTY, FLORIDA either cash in the aforementioned amount or a bond conditioned as hereinafter set
forth.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be
paid to the Obligee all amounts that may at any time be owing to it by the Principal, then this obligation shall be
void, but otherwise this obligation shall remain in full force.

PROVIDED, that the Surety may cancel this bond and be released from all further liability hereunder by
giving thirty (30) days written notice to this Obligee, copy of said notice to be mailed to the last known address of
the Principal.

PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in
force or of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger
amount, in the aggregate, than the amount of this bond.

Signed, sealed and dated this _____

(Name of Applicant)

By: _____

(Name of Bonding Company)

By: _____

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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