

INDEMNITY BOND FOR UTILITY SERVICE
FURNISHED BY THE CITY OF OCALA, FLORIDA

BOND

NUMBER: _____

We, _____ aaaa _____ aa _____ of _____ a _____,
City of _____, County of _____, State of
Florida,"as"Principal;"and"a _____ aaaaa _____,"a"corporation
organized and existing under the laws of the State of
_____, having an office located at
_____, City of _____, County of
_____, State of _____, and duly authorized to
conduct and carry on a general surety business in the State of Florida, as Surety;
acknowledge our indebtedness to the City of Ocala, Florida, a municipal
corporation (hereinafter "City"), as Oblige, in the sum of
_____ dollars, for the payment of which we bind ourselves,
our respective heirs, legal representatives, successors, and assigns, jointly and
severally, by this instrument.

This bond is executed because:

- A. The Principal has applied to the City for utility service;
- B. The rules and regulations of the City require the Principal to
furnish security for the prompt payment of utility bills for utility service
furnished and supplied to the Principal by the City; and
- C. The Principal desires to post this bond in lieu of a cash
deposit as security for the payment of said utility bills.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE
FOLLOWING CONDITIONS:

1. If the Principal shall promptly pay all bills rendered by the
City to the Principal for utility service as provided by this bond and
the rules and regulations of the City then this obligation shall be null and
void. Otherwise, this obligation shall remain in full force and effect
and the Surety agrees to pay, within thirty (30) days after being given
notice of the City's written demand for payment, any and all delinquent
utility bills rendered by the City to the Principal. Delinquent utility bills
are those utility bills which have not been paid by the Principal within
fifteen (15) days from the date of said bills. In no event, however, shall the
Surety be liable for any loss in excess of the amount of this bond.

2. The Surety reserves the right to cancel this bond by providing thirty (30) days written notice by Certified Mail to the City of Ocala Utility Services Customer Services Office, 201 SE 3rd Street, Ocala, Florida 34471-2174. Providing said thirty (30) day cancellation notice by any other means or method, or to any other address shall be ineffective to cancel this bond. On the effective date of said thirty (30) day cancellation notice, the Surety shall be discharged and relieved from any and all liability under this bond, it being understood and agreed, however, that the Principal and the Surety shall be liable for any loss accruing up to the effective date of said thirty (30) day cancellation notice. In no event, however, shall the Surety be liable for any loss in excess of the amount of this bond.

3. It is expressly understood by the Principal and the Surety that the City may, by giving fifteen (15) days written notice, cancel this bond or require an endorsement hereon increasing the amount of the bond so that the amount of the bond shall be equal to a minimum of two and one-fourth (2 1/4) times the amount of the average monthly utility bill known or estimated for any twelve (12) month period.

4. Any notices that may be sent under this Instrument shall be sent by US Mail properly addressed, with postage prepaid, certified, return receipt requested. Notices will be sent to the City of Ocala Utility Services, Customer Services Office, 201 SE 3rd Street, Ocala, Florida 34471-2174. Notices will be sent to the Principal at _____. Notices will be sent to the Surety at _____. Notice shall be deemed sufficiently serviced when deposited in the United States Mail.

5. This bond shall be effective from and after the ____ day of _____, in the year _____, and shall remain in full force and effect until cancelled as provided in this instrument, or until released in writing by the City.

Should it be necessary for the City to bring suit to collect under this

Bond, then in addition to any amounts recovered hereunder, the City shall be entitled to collect all costs incurred by reason of such suit, including a reasonable attorney's fee. The exclusive venue for any litigation initiated shall be Marion County Court, Ocala, Florida, of the Fifth Judicial Circuit, in and for Marion County, Florida, or the United States Federal District Court, Middle District, Ocala, Florida.

IN WITNESS WHEREOF, the Principal and the Surety have duly executed or caused to be executed, this bond this ____ day of _____, in the year _____.

Name of Principal (Corporation)

By _____
President

Attest:

Secretary

Name of Surety (Insurance Company)

By _____
Attorney-in-Fact

Witness

Witness

This form reviewed and approved this:

DATE

CITY ATTORNEY

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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