

SURETY BOND

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS: That we _____

as Principal, and the _____. Authorized to do business in the State of Florida, as
Surety are held and firmly bound unto the CITY OF TALLAHASSEE, FLORIDA, in the full and just sum
of _____ DOLLARS,
lawful money of the United States of America, to the payment of which the said Principal and said Surety,
their executors, administrators, heirs, successors, and assigns, are jointly and severally, firmly bound by
these presents.

WHEREAS, under the requirements and regulations of the City of Tallahassee in the operations of
its utility plants and in the furnishing of utility service to current subscribers, the said City of Tallahassee
requires that all users and subscribers of City utilities deposit in cash, or in lieu thereof, a surety bond in an
amount to be fixed by the City of Tallahassee to the Obligee herein, and

WHEREAS, the _____
Has been required to make such deposit or furnish such bond in the amount of _____
_____. Dollars.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH. That if the
said _____
shall well and faithfully perform the obligations herein recited and shall promptly pay all bills rendered by
the City of Tallahassee to Obligee for utility services as provided by this bond and the ordinances, rules,
and regulations of the City of Tallahassee, then the above bond to null and void, otherwise to remain in full
force and effect.

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

1. That the term of this bond shall be indefinite.
2. That the Surety Company reserves the right to cancel the bond by giving thirty (30) days
notice to the City of Tallahassee and upon receipt of such cancellation notice the Surety
is discharged and relieved of any further liability, it being understood and agreed,
however, that the said Principal and the said Surety will be liable for any loss accruing up
to the effective date of said cancellation notice, in no event, however, in excess of the
penalty of this bond.

SIGNED, SEALED AND DATED THIS THE _____ Day of _____
A.D., _____

(Print Principal Name)

Principal Signature

ATTEST:

By _____

Surety

Phone Number: _____

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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