



Building Community™

RCS/Bond/LOC Dept CC3

21 West Church St.

Jacksonville FL 32202-3139

INDEMNITY BOND
FOR ELECTRIC AND/OR WATER SERVICE
FURNISHED BY JEA

Bond No. _____

JEA Account Number _____

KNOW ALL MEN BY THESE PRESENTS, that _____

_____ as Principal and _____
_____ a corporation organized and existing under the laws of
the State of _____, and duly authorized to conduct and carry on a general surety
business in the State of Florida, as Surety, are each held and firmly bound unto JEA, a Body
Politic, as obligee, in the full and just sum of _____ Dollars, lawful
money of the United States of America, for the payment whereof 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 JEA, for electric and/or water and/or sewer
service.

WHEREAS, under the rules and regulations of JEA, it is necessary for the Principal to
furnish security for the prompt payment of electric and/or water bills for electric and/or water
and/or sewer services furnished and supplied to the Principal by the obligee; and

WHEREAS the Principal desires to post this bond in lieu of a cash deposit as security for
the payment of said electric and/or water and/or sewer 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 JEA, to said Principal for electric and/or water and/or sewer service as provided by
this bond and the rules and regulations of JEA, 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 JEA, any delinquent electric and/or water and/or
sewer bills rendered by JEA 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 thirty (30)
days written notice to JEA via traceable means (ex: UPS, FedEx, USPS), and on the
effective date of such thirty (30) day cancellation notice, the Surety is discharged
and relieved of 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 thirty (30) day cancellation notice, in no event, however, in excess of the
penalty of this bond.

2. That it is expressly understood by the Principal and Surety herein that JEA may, by giving fifteen (15) days written notice, cancel this bond or require an endorsement hereon increasing the penal amount provided in this bond so that said penal amount shall at least be equal to two (2) times the amount of the highest monthly electric and/or water and/or sewer bills known or estimated in any twelve (12) month period.
3. This bond shall be effective from and after the _____ day of _____, _____, and shall remain in force until cancelled as aforesaid or until released in writing by the obligee.

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

If this is not for blanket coverage (flexible, i.e. covers several locations as needed), please list premise(s) included in this coverage:

Signed, sealed and delivered in the presence of:

| | | |
|-----------------|---------|---------------|
| | | |
| AS TO PRINCIPAL | WITNESS | By: PRINCIPAL |

| | | |
|--------------|---------|---------------------------------|
| | | |
| AS TO SURETY | WITNESS | By: ITS ATTORNEY-IN-FACT SURETY |

AGENT NAME, ADDRESS AND PHONE NUMBER OF BRANCH OFFICE OR HOME OFFICE OF INSURANCE COMPANY (PLEASE PRINT)

INSURANCE NAME, ADDRESS AND PHONE NUMBER OF BRANCH OFFICE OR HOME OFFICE OF INSURANCE COMPANY (PLEASE PRINT)

Bond forms change; this is for educational purposes only.

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.

Worldwide Insurance Specialists, Inc
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 Phoenix, AZ 85015

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