



STATE OF _____ BOND # _____

COUNTY OF _____

KNOW ALL MEN BY THE PRESENTS, THAT WE

OF _____, County of _____,

State of _____, AS PRINCIPAL, (hereinafter called "Principal") and _____ as Surety

(hereinafter called "Surety"), are held and firmly bound unto the KISSIMMEE UTILITY AUTHORITY, Kissimmee, Florida, in the sum of _____ Dollars (_____), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents; and

WHEREAS, the Principal has entered into an Electric, and/or Water Service Contract, which also covers all other charges that Kissimmee Utility Authority is authorized to collect, on the _____ day of _____, _____, which Kissimmee Utility Authority, P.O. Box 423219, Kissimmee, Florida 34742-3219, providing for the payment due KISSIMMEE UTILITY AUTHORITY, Kissimmee, Florida, from the Principal for electric, water and/or internet service and all other charges it is authorized to collect.

NOW, THEREFORE, in consideration of the premises, including the initiation of electric and/or water services by Kissimmee Utility Authority, if the above named Principal shall promptly pay to KISSIMMEE UTILITY AUTHORITY, Kissimmee, Florida, all bills for electricity and/or water, and or sanitation charges, sewer charges and taxes, if any, on any of these services, or for any appliances used in connection with same, or for any material of any kind purchased from or services rendered by said Utility, together with all penalties and interest thereon, and shall pay all costs of collection of such charges and of performance of such contract, including a reasonable attorney's fee if placed in the hands of an attorney in case of default thereunder, and shall generally faithfully comply with the provisions of said contract, then this obligation shall be 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 bond company reserves the right to cancel this bond by giving sixty (60) days notice to the said

_____ and KISSIMMEE UTILITY AUTHORITY, P.O. Box 423219, Kissimmee, Florida 34742-3219, and upon receipt of such cancellation notice, the Surety is discharged and relieved of any liability thereafter accruing hereunder, 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, including costs of collection of any amounts due under said contract and of enforcement of performance thereof, as herein described, in no event, however, in excess of the penalty of this Bond.

SIGNED, SEALED AND DATED this the _____ day of _____, _____.

Attest for Principal

Principal

Attest for Surety

By

Florida Agent Countersign

Surety

Address, City, State

Surety Address

Florida Agent License Number

Surety Telephone & FAX Numbers

Telephone & FAX Numbers

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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