



501 East Lemon Street, Lakeland, FL 33801-5079

## UTILITY DEPOSIT GUARANTY BOND

Bond Number \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_

\_\_\_\_\_ (hereinafter called Principal), and \_\_\_\_\_

\_\_\_\_\_ (hereinafter called Surety), are,

held and firmly bound unto the CITY OF LAKELAND, FLORIDA, a municipal corporation existing under the laws of the State of Florida, (both Principal and Surety hereinafter referred to as Obligor) in and for the just sum of \$ \_\_\_\_\_, to the payment of which sum Principal and Surety bind themselves, their heirs and each of their successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the CITY OF LAKELAND, FLORIDA, has extended utility services to the Principal; and

WHEREAS, the Principal has agreed to pay all utility bills as same become due and payable. In default of the Principal paying the utility bills as same become due and payable, the obligation of this bond, to the extent necessary to the sum of \$ \_\_\_\_\_, the amount of this bond, shall be forfeited in total to the CITY OF LAKELAND, FLORIDA.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay all utility bills submitted by the CITY OF LAKELAND, FLORIDA, as same become due and payable, the covenants, terms and conditions of this bond shall be void; otherwise, same shall remain in full force and effect.

PROVIDED, HOWEVER, that the Surety Company has preserved the right to cancel this bond by giving thirty (30) days written notice by certified mail with a return receipt request to the

CITY OF LAKE LAND, FLORIDA, to the following address: 501 E Lemon St/Commercial Accounts, Lakeland, Florida 33801 and on the effective date of such 30 days cancellation notice, the Surety Company is discharged and released from any liability, it being understood and agreed, however, that the said Principal and said Surety will be liable for any loss occurring up to the effective date of said 30 days cancellation notice. In no event, however, shall the Surety's liability be in excess of the penalty of said bond. Upon notice of cancellation the Principal shall be responsible for obtaining a guaranty bond or post a cash deposit in accordance with Ordinance 3614 of the City of Lakeland prior to the date of cancellation. Failure to do so may result in termination of utility service.

SIGNED, SEALED AND DELIVERED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Principal

\_\_\_\_\_  
\_\_\_\_\_  
Surety

In case of claim, the City of Lakeland should contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: (     ) \_\_\_\_\_

Return completed form to:  
Lakeland Electric  
Commercial Accounts  
501 E. Lemon Street  
Lakeland, FL 33801-5079  
(863)834-1633 or outside area 800-470-2159

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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
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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Phoenix, AZ 85015

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