

SURETY BOND FOR ORANGE COUNTY UTILITIES SERVICE

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 the Orange County Utilities, as Obligee, in the full and just sum of _____ (_____) lawful money of the United States of America, for the payment of 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 those presents.

WHEREAS, the Principal has applied to Orange County Utilities for _____ service, and **WHEREAS**, the Principal desires to post this bond in lieu of a cash deposit as security for the payment of potable water, wastewater and / or reclaimed water bills, for Account#-_____. In the name of _____ located at _____.

NOW, THEREFORE, the condition of this obligation is such that of the said Principal shall well and faithfully perform the obligations herein recited and shall promptly pay all bills rendered by the Obligee to said Principal for water, wastewater and / or reclaimed water service as provided in this bond, then the above obligation 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 the Obligee, any delinquent water, wastewater and / or reclaimed water bills rendered by the Obligee 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 it is expressly understood by the Principal and Surety herein that the Obligee may, by giving thirty (30) days written notice, cancel this bond or require an endorsement herein increasing the penal amount provided in this bond so that the said penal amount shall be equal to at least two (2) times the amount of the highest monthly water, wastewater and / or reclaimed water bill rendered by the Obligee.
2. This bond shall be effective from and after the _____ day of _____, _____ and shall remain in force for an indefinite period.
3. That the Surety company reserves the right to cancel this bond by giving thirty (30) days written notice to the said Orange County Utilities, 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.

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

Signed, sealed and delivered in the presence of:

Witness

Principal: _____

By: _____
As its: _____

Witness

Surety

By: _____
As its: 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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM