

INDEMNITY BOND FOR UTILITY SERVICE FURNISHED BY THE
UTILITIES COMMISSION, CITY OF NEW SMYRNA BEACH, FLORIDA
(UCNSB)

BOND NUMBER:

KNOW ALL MEN BY THESE PRESENTS, THAT _____,

As Principal, and _____, a corporation organization 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, and each held and firmly
bound unto the **Utilities Commission, City of New Smyrna Beach, Florida**, a municipal utility, 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 hereby bind themselves, their respective heirs, legal representatives, successors and
assigns, Jointly and severally, firmly by these presents.

WHEREAS the Principal has applied to the **Utilities Commission, City of New Smyrna Beach, Florida**, for utility service; and

WHEREAS, UNDER THE RULES AND REGULATIONS OF THE UTILITIES COMMISSION,
CITY OF NEW SMYRNA BEACH, FLORIDA, it is necessary for the Principal to furnish security for
the prompt payment of utilities billed for utilities 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 utilities billed.

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 the **Utilities
Commission, City of New Smyrna Beach, Florida** to said Principal for utility service as provided by this
bond and the rules and regulations of the **Utilities Commission, City of New Smyrna Beach, Florida**,
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 the Utilities Commission,
City of New **Smyrna Beach, Florida**, any delinquent utility bill rendered by the Utilities Commission,

City of New **Smyrna Beach, Florida**, to the Principal herein if such bill is not paid by said Principal with in fifteen (15) days from the date of said bill.

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

1. That the surety company reserves the right to cancel this bond by giving sixty (60) days written notice to the **Utilities Commission, City of New Smyrna Beach, Florida**, and on the effective date of such sixty (60) days cancellation notice the Surety is discharged and relieved of any 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 **sixty (60) 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 the **Utilities Commission, City of New Smyrna, Beach, Florida**, may, by giving **fifteen (15) days written notice**, cancel this bond or require an endorsement hereon increasing the penalty amount provided in this bond so that said penalty amount shall at least be equal to two (2) times the amount of the highest monthly utility bills know or estimated in any **twelve (12) month period**.

3. This bond shall be effective from and after the _____ day of _____ • 20 _____ 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 _____, 20 _____

S igned, sealed and delivered in the presence of-

(SEAL)

As to Principal

As to Surety

By _____

Its Attorney- in-fact

Surety

Approved by John E. Chisholm
New Smyrna Beach Utilities Commission Attorney
August 24, 1976
MARCH, 2004

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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