

Bond No. _____

BOND FOR DISPOSAL OF WASTE TIRES

KNOW ALL MEN BY THESE PRESENTS, that _____, as Principal and _____, as Surety duly authorized to execute Surety Bonds in the State of Florida, we held and firmly bound unto the City of Jacksonville in the penal sum of \$_____ for payment whereof we bind ourselves, our heirs and assigns jointly and severally firmly by these presents.

The condition of the foregoing obligation is such that whereas the said _____ Principal herein, has made application to the City of Jacksonville for a license for the Disposal of Waste Tires, as required by Chapter 260, Jacksonville Municipal Ordinance Code;

Now therefore, if the said _____, Principal aforesaid, shall well and truly comply with Chapter 260, Jacksonville Municipal Ordinance Code, as from time to time amend, then this obligation shall be void; otherwise to be, and remain, in full force and effect.

This bond is executed by the Surety upon the express condition, which shall be in condition precedent to the right of recovery hereunder, that the Surety may, if it so elect, cancel this bond by giving thirty (30) days written notice to the Director of Environmental Resource Management Department of the City of Jacksonville.

Now therefore, in event of a claim the Surety must exercise one of the following options;

1. Forfeit the penal sum of the bond, or
2. Reimburse the City of Jacksonville for the actual cost of Disposal of the Waste Tire found to be in violation of Chapter 260, Jacksonville Municipal Ordinance Code, or
3. With the written approval of the Director of Environmental Resource Management Department of the City of Jacksonville, dispose of or cause to be disposed of Waste Tires found to be in violation of Chapter 260, Jacksonville Municipal Ordinance Code, provided however, said disposal by the surety must comply with all applicable provisions of Chapter 260, Jacksonville Municipal Ordinance Code.

DATED this _____ day of _____, 20_____.

Witnesses:

PRINCIPAL

By: _____

SURETY

By: _____

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