

SURETY BOND

BOND FOR ORANGE COUNTY
WASTE TIRE TRANSPORTER LICENSE

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS: That I, _____
as Principal (hereinafter called the "Principal"),

and _____ a corporate Surety authorized to do
business in the State of Florida, (hereinafter called "surety"), and held-and firmly bound unto Orange
County, State of Florida, in the SUM of **TEN THOUSAND DOLLARS (\$1 0,000.00)**, for the payment of
which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally by these presents.

WHEREAS, the above-bound Principal has submitted an application for a Waste Tire License for
collection of waste tires in accordance with the Orange County Code, Chapter 32, Section 2, pertaining to
the transportation and storage of waste tires (hereinafter called the "Code")-

DATED this _____ day of _____, 20_____

The condition of the BOND is such that the above bonded Principal,

the said _____ shall protect Orange County from suffering
any loss or damage occasioned by said Principal failing to comply with any of the provisions of the Code
applicable to the work preformed by said Principal, or the officer, employee or agent of said Principal, or
under the direction and supervision of said Principal. It is the intent of the parties that this bond shall
cover situations where Orange County must expend resources to remove tires dumped or abandoned or
caused to be dumped or abandoned by the said Principal.

The failure on the part of said Principal to comply with any of the provisions of the Code
applicable to the work preformed by said Principal shall give the Orange County, Director of Utilities or his
designee, a right of action against the Principal and Surety under this obligation.

it is mutually agreed and understood between all parties hereto, that the term of this Surety Bond
shall be from _____ to _____ and,
if the Surety shall so elect, this Bond May be called and discontinued by giving sixty (60) days notice in
writing to the Orange County Director of Utilities, 9150 Curry Ford Road, Orlando, Florida 32825, and the
Principal, and this Bond shall be deemed canceled at the expiration of said sixty (60) days.

The Surety remains liable for all default covered by this Bond, which may have been committed
by the Principal up to the date of expiration or cancellation under the terms, conditions, and provisions of
this Bond.

IN WITNESS WHEREOF, the Principal and the Surety have caused these presents to be

duly signed and seated this _____ day of _____, 20_____

Principal

Surety

By: _____
(Title)

By: _____
Attorney-In -Fact

By: _____
Florida Resident Agent of the Surety
Signature required if bond is not issued in the state of Florida

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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