



**GEORGIA STATE BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
BOND**

BOND NUMBER: _____ **COUNTY** _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____, as Principal, and

_____ as surety, are held and firmly bound unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) DOLLARS**, for the use and benefit of any purchasers of any structure built and their vendees or successors in title, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____, and ending on the _____ day of _____, 20_____.

Whereas, the above bound _____, Principal and Contractor, has made application to the Georgia State Board for Residential and General Contractors for license as a _____ contractor in accordance with the laws governing the residential and general contractors of the State of Georgia:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall comply with the conditions of any written contract or written warranty by such contractor or his agent, made in connection with the sale or exchange of any structure built and shall pay all loss, damages, and expenses that may be sustained by any purchasers of any construction product an their vendees or successors in title by reason of any fraudulent misrepresentation as to liens against or titles to structure built then the bond is to be void, otherwise it is to remain of full force and effect.

It is agreed that this bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-41-1, et seq. Governing the licensure of residential and general contractors in Georgia, and is intended to be and shall be construed to be a bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal, this _____ day of _____, _____.

Signature of Licensee (Principal)

Surety – Name of Company

Address

Countersigned:

By Attorney-in-Fact

Resident Agency

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION CLAUSE – No licensee shall cancel, or cause to be cancelled, a bond issued unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.”

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	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners		Name and Title of Officers	
Name of Owners		% 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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