

**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
HVAC BOARD**

HVAC CONTRACTOR'S/SPECIALTY CONTRACTOR'S CERTIFICATION BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS.

That I, _____ as Principal, and
_____, as Surety, having it's principal

office in the city of _____, and authorized to transact the business of Surety in the State of Idaho, are hereby held and firmly bound unto the people of the State of Idaho, Obligee, in the sum of Two Thousand Dollars (\$2,000.00), for the payment of which sum, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns, firmly by these presents.

WHEREAS, said Principal has applied to the Idaho State Heating, Ventilation, and Air Conditioning (HVAC) Board for a certificate of competency, or for renewal of said certificate, to engage in the practice or work of an HVAC contractor/specialty HVAC contractor and

WHEREAS, for the protection of the health and welfare of the people of the State of Idaho, said Board has required under authority of 54-5007, Idaho Code, that said Principal shall furnish this compliance bond;

NOW, THEREFORE, the condition of this obligation is such that, if the said Principal shall perform all HVAC work, whether personally or under his supervision, in accordance with all provisions of the State HVAC standards and law and shall indemnify owners or their agents for costs incurred by them for making corrections after reasonable notice by said HVAC Board that corrections are ordered because of failure to comply with State standards, and the regulations duly promulgated pursuant thereto, then the obligation shall be void, otherwise to be in full force and effect;

PROVIDED HOWEVER, that the aggregate liability of the Surety for all breaches of the conditions of this bond, whether occurring during the period of the original certification or any and all renewals thereof, shall, in no event, exceed the sum of this bond.

THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the certification issued to the Principal above named or 60 days after receipt of the Obligee of a written notice signed by such Surety, or it's authorized agent, stating that the liability of such Surety is thereby terminated and canceled. Provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination and that the maximum liability of the Surety on the bond, regardless of the number of claims filed against the bond shall not exceed the sum of Two Thousand (\$2,000.00) Dollars.

This bond shall not expire before _____, 20_____. This bond may be extended for a further term by the issuance of a Continuation Certificate signed by the Surety.

ANY owner or agent indemnified by this bond shall have a direct right of action hereon.

IN WITNESS WHEREOF, the above-named parties have executed this instrument this _____ day of _____, 20_____.

(Corporate Surety)

Signed _____
(Principal)

(Address)

(Business Address)

By _____
Attorney-In-Fact

(City, State, Zip Code)

Countersigned by _____
Idaho Resident Agent

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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