

**DRAINLAYER'S BOND**

\_\_\_\_\_  
**KNOW ALL MEN BY THESE PRESENTS, THAT WE,** \_\_\_\_\_  
 \_\_\_\_\_, as Principal,  
 and \_\_\_\_\_  
 \_\_\_\_\_, as suret\_\_\_\_\_, of the City of \_\_\_\_\_  
 County of \_\_\_\_\_ State of \_\_\_\_\_, are held and firmly bound unto the City of Chicago, in the penal  
 sum of FIFTY THOUSAND DOLLARS (\$50,000), for the payment of which sum of money, well and truly  
 to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these  
 presents.

Sealed with our seals and dated this \_\_\_\_\_ Day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

THE CONDITON OF THE ABOVE OBLIGATIONS IS SUCH, that whereas the above bounden

\_\_\_\_\_  
 \_\_\_\_\_ has obtained  
 permission to exercise the vocation of Drain Layer in the City of Chicago, subject to revocation by the  
 Commissioner of Water Management as provided by ordinance. Now, if said \_\_\_\_\_  
 \_\_\_\_\_

shall well and faithfully perform his duties in his said vocation, faithfully observing and performing all the  
 ordinances of said city now or hereafter in force concerning or regulating the business of drain laying, and  
 faithfully observing and complying with all rules or regulations of all departments of said city governing  
 or regulating drain laying, and shall also indemnify, save and keep harmless the City of Chicago from any  
 and all loss, cost, damages, expenses, or liability of any kind whatsoever which it may suffer or which may  
 accrue against, be charged to or recovered from it, from or by reason of any act or thing done by said Drain  
 Layer, or by any negligence in the execution or completion of any work done by said Drain Layer, or by  
 or on account of any improper work done under and by virtue of the authority of the License issued to him,  
 and shall also immediately upon notice of revocation of this License by the Commissioner of Water  
 Management (in case of such revocation), cease to exercise such vacation of Drain Layer, then this  
 obligation to be void, otherwise to remain in full force and effect.

\_\_\_\_\_(SEAL)

\_\_\_\_\_(SEAL)

\_\_\_\_\_(SEAL)

\_\_\_\_\_(SEAL)

**ATTORNEY IN FACT**

This bond expires December 31,  
 20\_\_\_\_ Drain Layer's license  
 will not be renewed, unless Bond  
 is on file with the Department of  
 Water Management

Property & Liability \_\_\_\_\_ Date of \_\_\_\_\_  
 Insurance Company \_\_\_\_\_, Amount \_\_\_\_\_ Expiration \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**