

UTILITY PAYMENT BOND

BOND NO. _____
CY -OFF-RTE-FOLIO- T _____
BEST'S RATING _____
For Ameren Illinois use only

KNOW ALL PERSONS BY THESE PRESENTS:

That we , _____ as Principal, and the
(Customer's Name: Corporation, Partnership, Individual, Sole Proprietor and d/b/a. if any)

_____, a _____ corporation
(Complete Name of Surety Company) (List State)

authorized to do business in the State of Illinois, as Surety, are held and firmly bound unto Ameren Illinois an Illinois corporation, as Obligee, in the sum of _____ Dollars/\$ _____, for the payment whereof to said Obligee, the Said Principal and said Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS said Principal has entered into an agreement (Agreement) with the Obligee, dated the ___ day of _____, _____, providing for the purchase of electric power and/or natural gas service at _____, (List complete address(es) of Principal)

and is required to provide a deposit guaranteeing payment of just bills incurred under the Agreement.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT,

If said Principal shall well and truly pay all due and just bills incurred under said Agreement, then this obligation shall be void; otherwise, to remain in full force and effect. If said Surety after receiving notification of Principal's default in paying the required deposit, the amount in default or any part thereof, at the option of the Obligee, shall commence accruing a late payment charge equal to one and half (1 1/2) percent per month on and after 60 days from receipt of demand for payment until said amount in default, subject to penal sum of Utility Payment Bond, is received by the Obligee.

It is further understood and agreed that the Surety will pay or cause to be paid to Obligee within sixty (60) days from receipt of a demand for payment, all sums incurred under this obligation.

No alteration which may be made in the terms of the Principal's service contract, nor the giving by the Obligee of any extension or forbearance on the part of the Obligee, nor any other action of the Obligee shall be held to have released said Surety from its obligations hereunder, except to the extent that the Principal itself is released. Notice to said Surety of the acceptance of this bond by the Obligee and notice of any such alteration, extension or forbearance and notice of default of the Principal is hereby waived.

THE VALIDITY, CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS UTILITY PAYMENT BOND SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW YORK. The state courts located in St. Louis County, Missouri or the U.S. District Court, Eastern District of Missouri, shall be the exclusive jurisdiction and venue for any lawsuit arising under this Utility Payment Bond. If these courts refuse to accept jurisdiction unless the law governing this Utility Payment Bond is the State of Missouri, the governing law will be of that state and not the State of New York.

IN WITNESS WHEREOF, said Principal and said Surety have executed these presents this _____
(Date)

Affix Corporate Seal of Principal

Signature(s) of Principal(s) and Authorized Titles, as required

Affix Corporate Seal of Surety

(Complete Name of Surety Company)

Address of Surety:

Signature of Power of Attorney (Attach Power of Attorney)

(Zip Code)

Distribution of Copies:

Forward original copy with Power of Attorney to:

Telephone No. _____ / _____
(Area)

AmerenIP
Credit Department
PO Box 2543
Decatur, IL 62525

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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 Phoenix, AZ 85015

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