

INDEMNITY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT, _____
_____, as Principal, and _____, as
Surety, a corporation duly licensed to do business in the State of Kansas, are held and firmly
bound unto a Collective Bargaining Agreement between the Kansas Chapter of the National
Electrical Contractors Association and L I Union 661 of the International Brotherhood of
Electrical Workers. as Oblige, in the penal sum of _____
lawful money of the United States of America, to be paid to said Oblige or its agents or
assigns, executors, administrators, successors, and aspⁿ, jointly and severally, firmly by
these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shag well and
faithfully make the payments required in all Collective Bargaining Agreements involving the
Obligees for the National Electrical Benefit Fund, the IBEW-NECA Southwestern Health and
Benefit Fund, the IBEW #661 Retirement Plan, the Electrical Joint Apprenticeship and Training
Trust Fund, the National Labor-Management Cooperation Fund, the Administrative
Maintenance Fund and Working Dues Deductions, then this Obligation shall be null and void;
otherwise the some shall remain in full force and effect.

IT IS EXPRESSLY UNDERSTOOD AND AGREED, that the Principal and Surety shall become
obligated for payment to the National Electrical Benefit Fund, the IBEW-NECA Southwestern
Health and Benefit Fund, the IBEW #661 Retirement Plan, the Electrical Joint Apprenticeship
and Training Trust Fund, the National Labor-Management Cooperation Fund, the
Administrative Maintenance Fund and Working Dues Deductions as they become due and
payable.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED, that the liability of the Principal
and Surety in this connection shag be limited to unpaid payments to the National Electrical
Benifit Fund, the IBEW-NECA Southwestern Health and Benefit Fund, the IBEW #661
Retirement Plan, the Electrical Joint Apprenticeship and Training Trust Fund, the National
Labor-Management Cooperation Fund, the Administrative Maintenance Fund and Working
Dues Deductions, incurred within sixty (60) days immediately prior to the last date of
employment of such employee(s). In no case shall aggregate liability of the Principal and
Surety exceed the sum of _____

This bond may be cancelled by the Surety Giving to the Principal and Oblige written notice by
registered mail of its intention to do so, which cancellation shall be effective thirty (30) days
after receipt of notice unless proceedings under this obligation have been of are commenced
prior to the expiration of this time.

Signed, sealed and dated this _____ day of _____, 20_____

Principal

Surety

By:

By: VALERIE ABER, ATTORNEY IN FACT

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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