



540 MINNESOTA AVENUE - KANSAS CITY, KANSAS 66101  
ELECTRIC, WATER AND WATER POLLUTION CONSUMERS

# SURETY BOND

		BOND NUMBER
ACCOUNT NO.	REQUEST NUMBER	DATE
KNOW ALL MEN BY THESE PRESENTS THAT:	AN <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER	
AS PRINCIPAL, WITH OFFICES AT:	AND:	
AS SURETY		
are held and firmly bound unto the Kansas City Board of Public Utilities		
in the sum of	Dollars	\$
lawful money of the United States, well and truly to be paid to the Kansas City Board of Public Utilities, binding our heirs, executors, administrators, successors, and assigns jointly and severally being firmly held by these presents.		
signed and dated this	day of	20
CONDITIONS OF ABOVE OBLIGATIONS ARE AS FOLLOWS:		
WHEREAS, the Kansas City Board of Public Utilities, requires a cash deposit or surety bond from consumers of electricity, water and water pollution services, and		
WHEREAS,	is a consumer of electricity, water and water pollution services	
at	mentioned in this obligation, and all certain other premises as shown by the books of the Kansas City Board of Public Utilities	
NOW THEREFORE, if the said	shall honestly and faithfully comply with the rules of the utility and the terms of its	
contract with the Kansas City Board of Public Utilities, and make payment to the Cashier of the Kansas city Board of Public Utilities for all electricity, water and water pollution services, as shown by the books of the Kansas City Board of Public Utilities, which payment the surety expressly guarantees, then and in that event the above obligation shall be void, otherwise to remain in full force and effect.		
Surety agrees to inform the Kansas City Board of Public Utilities immediately upon any changes in the status of the principal as consumer of utility services. It is expressly agreed and understood that no charge or alteration in or deviation from said contract or rules of the utility, nor any change in the manner of making payment, nor any change in the status of the principal as consumer of utility services, shall release the surety herein, provided, however, the surety may cancel this bond upon thirty (30) days written notice to the Kansas City Board of Public Utilities.		
N TESTIMONY WHEREOF, we have set our hand this	day of	20
BOND APPROVED AS TO SURETY:		
		CONSUMER SIGNATURE
DIRECTOR OF CUSTOMER SERVICE - KANSAS CITY BOARD OF PUBLIC UTILITIES	ATTEST:	SECRETARY
KANSAS RESIDENT AGENT ADDRESS	SURETY AND ADDRESS	
	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	
<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**  
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 Phoenix, AZ 85015

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