



### ENCROACHMENT PERMIT BOND

(Attach Standard Power of Attorney)

County: \_\_\_\_\_ Bond Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we \_\_\_\_\_, in the City of \_\_\_\_\_ State of \_\_\_\_\_, as Principal, and \_\_\_\_\_, in the City of \_\_\_\_\_ State of \_\_\_\_\_, as Surety, are held and firmly bound unto the Commonwealth of Kentucky, for the use and benefit of the Transportation Cabinet in District Office No.(s) \_\_\_\_\_, located at \_\_\_\_\_ Kentucky, Commonwealth of Kentucky, oblige, in the penal sum of ( \_\_\_\_\_ ) Dollars, lawful money of the United States for the payment of which well and truly be made, we bind ourselves, our heirs, executors, administrators, and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such that whereas the said \_\_\_\_\_ has obtained from the Commonwealth of Kentucky, Transportation Cabinet, a permit authorizing specific facilities upon the State owned right-of-way, and

Whereas, under the terms of said permit, a cash indemnity or bond indemnity is required of said principal and good and sufficient surety, payable to the Commonwealth of Kentucky, for the use and benefit of the Transportation Cabinet and conditioned upon the permitted encroachment being completed in accordance with the approved permit and being guaranteed that all non-conforming aspects of the encroachment can be corrected without expense to the Transportation Cabinet, by the said principal:

Now, therefore, if the above bounden principal shall faithfully and honestly complete the encroachment in accordance with said permit, and if the encroachment for which the said permit is granted fails to meet all specification(s), or if the said permit is revoked by the Transportation Cabinet, the above bounden principal shall properly restore the right-of-way and/or roadway or surfacing in accordance with the Cabinet regulations, and if thereafter such restoration has been completed then this obligation shall be null and void; otherwise to remain in full force and effect until completion of the encroachment has been duly accepted by an authorized agent of the Transportation Cabinet.

**That this obligation shall remain in full force and effect until terminated in writing by the Transportation Cabinet. Allow 30 days from permit release for bond refund.**

In witness whereof, we, the parties, have set our hands and seals on this the \_\_\_\_\_, day of \_\_\_\_\_.

\_\_\_\_\_  
**Bonding Agent/Corporate Insignia**

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Mailing Address**

BY: \_\_\_\_\_

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Surety**

\_\_\_\_\_  
**Phone Number**

BY: \_\_\_\_\_

**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**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**

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