

TOWING SERVICES BOND

KNOW ALL MEN BY THESE PRESENTS: THAT we, \_\_\_\_\_ in the City of \_\_\_\_\_ and the State of \_\_\_\_\_ as Principal, and the \_\_\_\_\_, a corporation duly organized and existing under the laws of the State of \_\_\_\_\_, having it's principal office at \_\_\_\_\_ in the State of \_\_\_\_\_ and being duly authorized to transact the business of it Surety company in the State of Maryland, as Surety, are held and firmly bound the obligated unto the MAYOR AND CITY COUNCIL OF BALTIMORE in the sum of TWENTY THOUSAND DOLLARS (\$20,000.00) to the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these presents.

THE CONDITION OF THE OBLIGATION IS' SUCH, that whereas the said Principal, has applied to the Board of Licenses for Towing Services of Baltimore City for a license to conduct a towing business under the provisions -of Ordinance Number 273, MAYOR AND CITY COUNCIL OF BALTIMORE, approved April 23, 1989. This bond is given for a period of, \_\_\_\_\_ months, beginning \_\_\_\_\_, 20\_\_\_\_, and ending on \_\_\_\_\_

NOW THEREFORE, if said Principal, his or its agents, servants and employees shall faithfully observe all the duties, terms, conditions, provisions and requirements of Ordinance Number 273 of 1969 and shall save harmless the owner of any motor vehicle from my property damage occurring thereto during the time that said motor vehicle shall be In the possession of the towing company (Principal), then this obligation shall be null and void, otherwise it shall be and remain in full force and effect.

The said bond may be enforced in the name of the MAYOR AND CITY, COUNCIL OF BALTIMORE for the benefits of any person' suffering property damage to his or its motor vehicle during the time char said motor vehicle shall be in the possession of the towing company (Principal),

THIS BOND may not be terminated by the said Surety until fifteen (15) days after notice in writing has been delivered to said Police Commissioner.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals on the \_\_\_\_\_ day of \_\_\_\_\_, the name and corporation seal of each corporate party being hereto affixed and these presents duly signed by in undersigned representative, pursuant to authority of its governing body.

WITNESS;

\_\_\_\_\_  
Business Name (Principal)

By: \_\_\_\_\_ (SEAL)  
Name and Title

WITNESS;

\_\_\_\_\_  
Surety Name

By: \_\_\_\_\_  
Name and Title  
(Affix Seal and attach Power Of Attorney)

ATTEST-

MAYOR AND CITY COUNCIL OF BALTIMORE

\_\_\_\_\_  
Custodian of City Seal

\_\_\_\_\_  
Mayor

Approved as to Form and Legal  
Sufficiency this \_\_\_\_\_ day of

\_\_\_\_\_  
20\_\_\_\_

\_\_\_\_\_  
Assistant City Solicitor

Rev. 6/00

Bond forms change; this is for educational purposes only.

# 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**