

ROOFER SURETY BOND

KNOW ALL PERSONS BY THESE PRESENTS: That \_\_\_\_\_  
(Name of Roofer)

a \_\_\_\_\_  
(Description or form of business organization, including state of incorporation)

with business office at \_\_\_\_\_  
(Street Address, City, State, Zip)

as PRINCIPAL and \_\_\_\_\_  
(Name of Surety)

a corporation duly organized under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Commissioner of Commerce-State of Minnesota and any person aggrieved by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules, pertaining to the Principal's license or any permit applied for and all contracts entered into, the sum of

\_\_\_\_\_ (\$ \_\_\_\_\_). For the payment of this sum, Principal and Surety bind themselves, their representatives, successors and assigns, jointly and severally by these present.

WHEREAS, the Principal has made application with the State of Minnesota to be licensed as, or has been licensed as, a Roofer. NOW, THEREFORE, all parties further agree that:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 326.94, is to secure the Principal's faithful performance of the duties, and compliance with all laws, ordinances, and rules, pertaining to the Principal's license or any permit applied for and all contracts entered into, pursuant to Minnesota Statutes, Section 326.94.
2. This bond is for the benefit of the State of Minnesota and all persons suffering loss or damages by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules pertaining to the Principal's license or any permit applied for and all contracts entered into.
3. If the Principal shall fail to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules pertaining to the Principal's license or any permit applied for and all contracts entered into, the State of Minnesota as well as any person damaged as a result of said failure by the Principal shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss or damages sustained by the injured party.
4. This bond shall become effective on \_\_\_\_\_, 20\_\_\_\_\_, and shall be continuous until cancelled by the Surety. The Surety may cancel this bond any time upon giving the Principal and the Minnesota Commissioner of Commerce thirty (30) days written notice. After cancellation, the bond must remain in force for those liabilities incurred by the Principal from the time the bond first became effective until its cancellation, regardless of when compensation was or may be claimed, awarded, or paid. This bond shall not become void upon first recovery but may be sued upon until the full amount shall be exhausted. In no event shall the aggregate liability of the surety on the bond, to any and all persons, exceed the amount of the bond. Immediately upon payment by the Surety of the amount of the bond, the Surety will give written notice to the Commissioner of Commerce and the Principal that the bond has been exhausted and is, therefore, cancelled.

Signed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
(Name of Roofer)

By: \_\_\_\_\_  
(Signature of Attorney in Fact)

By: \_\_\_\_\_  
(Signature of President, Partner, or Sole Proprietor)

FOR OFFICE USE ONLY

Approved as to form and execution by the Director of Licensing.

SIGNATURE

DATE

**INSTRUCTIONS:**

1. This side is to be completed by a notary public for both the Principal and the Surety.
2. Please attach the Power of Attorney for the Surety listed herein.

**ACKNOWLEDGMENT OF INDIVIDUAL**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGMENT OF PRINCIPAL**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me as the individual whose name is subscribed on this bond form, who acknowledged that this bond was executed for the purposes therein contained.

[Notary Seal]

\_\_\_\_\_  
Notary Public

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**ACKNOWLEDGMENT OF PARTNERSHIP**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGMENT OF PRINCIPAL**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be a partner in the partnership whose name is subscribed on this bond form, who acknowledged to me that this bond was executed on behalf of the partnership for the purposes therein contained.

[Notary Seal]

\_\_\_\_\_  
Notary Public

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**ACKNOWLEDGMENT OF CORPORATION**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGMENT OF PRINCIPAL**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ who acknowledged that he or she is the \_\_\_\_\_ of a corporation whose name is subscribed on this bond form, and that, as a corporate officer, he or she is authorized to execute the bond for the purposes therein contained.

[Notary Seal]

\_\_\_\_\_  
Notary Public

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**ACKNOWLEDGMENT OF SURETY**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGMENT OF SURETY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of \_\_\_\_\_ (surety company), \_\_\_\_\_, corporation, on behalf of the corporation.  
 \_\_\_\_\_  
 (state or place of corporation)

[Notary Seal]

\_\_\_\_\_  
Notary Public

# 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

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**Local (602) 749-0702**  
**Fax: (602) 674-8235**

**E-Mail [WWIS@WWISINC.COM](mailto:WWIS@WWISINC.COM)**