
Bond Number

Vacant Building Performance Bond

KNOW ALL MEN BY THESE PRESENTS: That we _____

as principal of the issued or to be issued permit, and _____

as surety, of the county of _____, and state of _____, are held and firmly bound onto the CITY OF SAINT PAUL in the sum of _____ (\$ _____) lawful money of the United States, to be paid to the CITY OF SAINT PAUL, its successors or assigns, for which payment, well and truly to be made, we jointly and severally bind ourselves and each of our heirs, executors, administrators, successors and assigns, firmly by these presents.

SEALED WITH OUR SEALS, and dated this _____ day of _____, 20____.

The condition of this obligation is such that the above bounden _____ had made an application to the CITY OF SAINT PAUL for a Building Permit (or Building Permits) to repair the structure at _____ to conform to the provisions of the Code Compliance Inspection Report, Saint Paul Legislative Code Section 33.03 (f), Minnesota State Law, or appropriate Saint Paul City Council File granting specific permission for the above.

NOW, THEREFORE, if the above bounden _____ shall faithfully and fully perform and meet all of the terms, conditions and obligations imposed by the permit, the Saint Paul Legislative Code, Minnesota State Law, or appropriate Saint Paul City Council File, and further that such activities shall carry with it the obligation to save, indemnify, save harmless and defend the CITY OF SAINT PAUL from all claims, judgments, suits, costs, charges, demands and expenses that may accrue to persons or property as a result of the activity of the above bounded principal in accordance with the requirements of the law, ordinance and Council File, then this obligation shall be void; otherwise to remain in full force and effect; provided, however, that in addition, the surety on this bond is liable within the time periods imposed by law either to obtain a Certificate of Compliance/Certificate of Occupancy, or pay the sum of \$5,000 to the City in satisfaction of the costs of abatement of the property.

Liability of the surety on this bond shall be terminated for the activities of said principal either: 1) occurring on or after the _____ day of _____, 20____; or 2) continuous until a Notice of Cancellation is filed with this office. (Cross out whichever one does not apply.)

In the event of cancellation on the part of the surety, notice shall be given by registered mail to the CITY OF SAINT PAUL and to the principal at least thirty days (30) prior to such termination date.

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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