

INSERT BOND NO. ()

KNOW ALL THESE MEN BY THESE PRESENTS. THAT WE,

City of _____ County of _____ and State of _____ of the
Principal, and _____, I

Surety company duly authorized to transact business in the State of New Jersey, as Surety, are held and firmly bound unto the STATE OF NEW JERSEY, its municipal successors and assigns, in the just and true sum of ONE THOUSAND (\$1,000.00) DOLLARS, lawful money of the United States of America, to which payment well and truly to be made, we do hereby bind and obligate ourselves, our and each of our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

SEALED with our seals and dated this _____ day of _____

THE CONDITION OF THIS OBLIGATION IS SUCH, That

whereas the above bounden _____ Principal, has appeared before the Board of Examiners of Electrical Contractors of the State of New Jersey and has been registered as an electrical contractor under the terms and provisions of "The Electrical Contractors Licensing Act of 1962; Chapter 162 of the Revised Statutes 45:5A-1 et seq." and amendments thereto and in consideration of the representations made in the application, the said Principal has been registered as an electrical contractor in the State of New Jersey and has agreed to comply with the aforesaid statute and amendments that may be made thereto and the rules and regulations which have been or may be adopted by the Board of Examiners of Electrical Contractors.

NOW THEREFORE, if the said

Principal shall well, truly, properly and satisfactorily perform the duties prescribed for electrical contractors under the terms of the aforesaid act and amendments thereto and comply with the aforesaid statute and amendments that may be made thereto and all rules and regulations which have been or may be adopted by the Board of Examiners of Electrical Contractors, then this obligation to be void, otherwise to be and remain in full force and virtue. The term of this bond is from _____ to _____

IT IS MUTUALLY UNDERSTOOD AND AGREED BETWEEN ALL PARTIES HERETO that if the Surety shall so elect, this bond may be cancelled by giving thirty (30) days notice in writing to the said Oblige and this bond shall be deemed cancelled at the expiration of said thirty (30) days, the said Surety remaining liable for all or any act or acts covered by this bond, which may have been committed by the Principal up to the date of such cancellation, under the terms, conditions and provisions of this bond.

Signed, sealed and delivered in the presence of

Witness

By: _____
(Principal)

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
---------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------