

SURETY BOND (ENERGY CONSULTANT)

STATE OF _____

COUNTY OF: _____

Bond required by N.J.S.A. 48:3-78 (c) (4) **and/or** N.J.S.A. 48:3-79 (c) (4) to register as an Energy Agent in the subcategory of Energy Consultant to arrange the sales of electricity or natural gas or electric or natural gas related services in New Jersey.

KNOW ALL PEOPLE BY THIS DOCUMENT, that we _____

_____, hereinafter referred as to as the Principal, with principal offices and place of business located at _____

_____ and _____ a _____

corporation organized and existing under the laws of the State of _____, and authorized to do business in the State of New Jersey, hereinafter referred to as Surety, are held and firmly bound unto TREASURER, STATE OF NEW JERSEY, hereinafter referred to as Obligee, for the use and benefit of all persons establishing legal rights hereinunder, in the sum of TEN THOUSAND AND NO/100 (\$10,000) lawful money of the United States of America, to the payments of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors, and assigns, firmly by this document.

WHEREAS, the Principal as an Energy Consultant desires to receive customer usage information electronically pursuant to applicable Board of Public Utilities ("Board") Orders and

WHEREAS, pursuant to the Board of Public Utilities' Order of March 1, 2000 (Docket Nos. EX94120585Y et.al), the Principal is required to maintain a bond to insure against misuse of customer information.

NOW, THEREFORE, if the Principal shall faithfully provide independent advice to customers for the purchase of retail electricity or electric related services, or retail gas supply or gas related services in New Jersey and shall maintain customer information in accordance with applicable confidentiality laws, rules, regulations and Board Orders and not file for bankruptcy or for similar protection under law, then this obligation shall be void, otherwise to remain in full force and effect as security for the use of the State of New Jersey and/or Board of Public Utilities and/or any person or entity who is damaged or suffers any loss by failure to observe applicable confidentiality laws, rules, regulations and Board Orders by this Principal.

The aggregate liability of the Surety is limited to the foregoing sum which sum shall be reduced by any payment made in good faith hereunder.

The term of this bond is for the period beginning (_____) and terminating (_____), and may be continued for an annual period by a Continuation Certificate signed by the Principal and Surety, a copy of which must be served by registered mail upon the Secretary of the Board of Public Utilities.

In order to draw funds on this Bond, the Secretary of the New Jersey Board of Public Utilities shall present the following document to the Surety:

Affidavit sworn to and signed by the Secretary of the New Jersey Board of Public Utilities, stating that at its public agenda meeting of _____, the Board of Public Utilities determined that

_____ has not satisfactorily performed its obligations to a person or entity, who has been damaged or suffered a loss by means of the misuse of confidential customer information, or by reason of breach of contract or violation of regulations, rules, Standards or Board Orders promulgated pursuant thereto.

SIGNED, SEALED AND DATED this _____ day of _____, _____

(Principal)

By:

(Surety)

(Address of Surety)

By:

WWW.SAMPLE.COM

ACKNOWLEDGEMENT OF SURETY

State of:

County of:

On the _____ day of _____, _____, before me personally came _____ to me known, who, being by me duly sworn, did depose and say that (s)he resides at _____, that (s)he is the Attorney-in-Fact of _____, the Corporation described in and which executed the attached bond as Surety; that (s)he knows the seal of said Corporation; that the seal was affixed by the authority of the Board of Directors of said Corporation; and that (s)he signed his/her name thereto by like authority.

Notary Public

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 **Toll Free: (888) 518-8011**
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