

115952619AMOUNT \$ \_\_\_\_\_

BOND NO. \_\_\_\_\_

UTILITY DEPOSIT SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_, as  
Principal, and \_\_\_\_\_, as Surety, are held and firmly bound unto:

Public Service Company of New Mexico, Alvarado Square, 414 Silver SW  
Albuquerque, NM 87102 Attn: Credit Department

as Oblige, in the aggregate sum of \$ \_\_\_\_\_ for the payment of which  
sum will and truly to be made, we, the Principal and Surety bind ourselves, our heirs,  
personal representatives, successors and assigns, jointly and severally by these  
presents.

WHEREAS, the Principal has requested, and the Oblige has agreed to furnish  
electric service to the Principal, as owner or occupant of the premises located at \_\_\_\_\_

\_\_\_\_\_

pursuant to the rates, rules and regulations for the Oblige promulgated by proper  
regulatory authority having jurisdiction; and

WHEREAS, the Oblige is willing to accept this Bond in lieu of a cash deposit  
from Principal in order to secure payment for services to be furnished at the premises;

NOW, THEREFORE, Surety holds itself bound as Principal for payment of all  
sums due the Oblige up to the amount set forth above in the event Principal should fail  
to pay Oblige for utility services. The Surety waives all defenses with respect to

notice of default of payment, notice of extension of time for payment, demand and diligence and waives any obligation on part of the Obligee to institute legal action or proceedings against the Principal. Surety shall not be liable for any sums due and payable prior to the effective date of this Bond.

The term of this Bond shall be indefinite; provided, however, that Surety may, if it so elects, terminate this Bond by mailing Obligee thirty (30) days written notice of its intention to do so, by certified mail, return receipt requested, to the address set forth above, but the Surety shall remain liable for any and all accrued indebtedness of the Principal to the Obligee, up to the amount set forth above, incurred prior to the termination date.

IN WITNESS WHEREOF, the Principal and Surety have executed this instrument effective, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Principal:

Surety:

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                          **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**