

SURETY BOND

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS: THAT WE _____
_____ AS PRINCIPAL, AND _____
AS SURETY, ARE HELD AND PRIMARILY BOUND UNTO THE LONG ISLAND
LIGHTING COMPANY d/b/a LIPA ("LIPA") IN THE SUM OF

_____ DOLLARS _____ LAWFUL MONEY OF
THE UNITED STATES OF AMERICA, FOR THE PAYMENT WHEREOF, WELL AND
TRULY TO BE MADE, WE HEREBY BIND OURSELVES, OUR HEIRS, EXECUTORS,
SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE
PRESENTS.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT, WHEREAS, THE
PRINCIPAL HAS MADE APPLICATION TO LIPA
FOR _____, OR IS CURRENTLY A SUBSCRIBER TO SUCH
SERVICES, AND WHEREAS, _____ PURSUANT OF
CHARGES FOR SUCH SERVICES, IS TO DEPOSIT IN CASH AN AMOUNT FIXED BY
LIPA, OR IN LIEU THEREOF, TO POST A SUITABLE SURETY BOND IN A LIKE
AMOUNT.

NOW THEREFORE, IF THE SAID PRINCIPAL SHALL PROMPTLY PAY ALL BILLS FOR
SUCH SERVICES FURNISHED TO SAID PRINCIPAL AT ANY AND ALL SERVICE
LOCATIONS WHATSOEVER, THEN THIS OBLIGATION SHALL BE NULL AND VOID,
OTHERWISE IT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS BOND IS SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE LIABILITY OF THE SURETY UNDER THIS BOND SHALL
NOT EXCEED IN THE AGGREGATE THE PENAL SUM OF THE BOND
HERINABOVE SET OUT.
2. THE SURETY RESERVES THE RIGHT TO CANCEL THIS BOND BY
GIVING TEN (10) DAYS NOTICE IN WRITING TO THE OBLIGEE.
3. THE TERM OF THIS BOND SHALL BE CONTINUOUS.

IN WITNESS WHEREOF, WE THE SAID PRINCIPAL AND SURETY, HAVE HEREUNTO
SET OUR HANDS AND SEALS THIS _____ DAY OF

_____, _____.

_____ SERVICE LOCATION: _____

BY: _____ SURETY ADDRESS: _____

REV. 5/00

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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.

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