

INSURER: _____

SURETY BOND

BOND NUMBER: _____

KNOWN BY ALL MEN BY THESE PRESENTS:

THAT WE, _____
(Company Name and service address)

as Principal, and _____, a surety company authorized to do business in the State of New York, as Surety, are held and firmly bound to **New York State Electric & Gas Corporation**, James A. Carrigg Center, Kirkwood: P.O. Box 5224, Corporate Drive, Kirkwood Industrial Park, Binghamton, NY 13902-5224 a corporation organized and existing under the laws of the State of New York, its successors and assigns, in the amount of _____ dollars (\$ _____), lawful money of the United States of America for the payment of which the Principal and Surety, their heirs, executors, administrators, successors and assigns are hereby jointly and severally bound.

WHEREAS, **New York State Electric & Gas Corporation** requires the Principal to guarantee the payment of amounts due NYSEG under applicable tariffs by contract, and /or for the provision of utility service, and Principal may do so by furnishing this surety bond for payment of work or services to be rendered by **New York State Electric & Gas Corporation**;

NOW THEREFORE, in the event the Principal shall fail to fully pay **New York State Electric & Gas Corporation** for electric and gas service furnished in the Principal's name at any and all premises, when due, the Surety agrees to deliver payment to **New York State Electric & Gas Corporation** within thirty (30) days of receipt of the demand for payment by **New York State Electric & Gas Corporation**;

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force, or of the number of premiums which shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond. Unless it must be brought for enforcement of the surety obligations, in which case the Surety will be liable for all costs in connection therewith and reasonable attorney's fees, including costs of and fees for appeals, and interest from thirty (30) days notice after receipt of demand; and

PROVIDED FURTHER, that this bond may be canceled by the Surety as to subsequent liability by giving thirty (30) days notice in writing by certified mail to **New York State Electric & Gas Corporation**; however, the Surety shall remain liable with respect to electric service furnished to the Principal prior to the effective date of the thirty days notice.

The principal shall cause the surety to mail or personally deliver the surety bond to **New York State Electric & Gas Corporation** by the deadline specified in the underlying agreement or filed tariff.

The applicant or customer will furnish **New York State Electric & Gas Corporation** with a draft version of the surety bond prior to issuance to insure that the bond complies with the terms and requirements of the underlying agreement or filed tariff.

Failure to produce a copy of the surety bond shall not be a basis for the surety to reject the obligee's claim. The surety shall pay the funds to the obligee without a copy of the bond. Funds will be paid with proof of identity as the obligee.

New York State Electric & Gas Corporation

(address to change per our discretion)

James A. Carrigg Center, Kirkwood
P.O. Box 5224, Corporate Drive, Kirkwood
Industrial Park
Binghamton, NY 13902-5224

Signed and sealed

This ____ day of _____, A.D., 20____

(Customer - Corporate and individuals name and date)

(NYSEG Service Account Number)

BY: _____

Title *(Corporate Officer, partner or general partner of limited partnership)*

SURETY UNDERSEAL

By _____
Attorney-In-Fact

Attachments:

POWER OF ATTORNEY AUTHORIZING SIGNATORY OF THE BOND TO SIGN SURETY BONDS ON BEHALF OF THE BONDING COMPANY

CERTIFICATE OF AUTHORITY OF ATTORNEYS-IN-FACT

NOTARIZED ACKNOWLEDGMENT ATTESTING TO THE CORPORATE SEAL OF BONDING COMPANY

SWORN STATEMENT OF A CORPORATE OFFICER OF THE BONDING COMPANY THAT THE LIABILITIES OF THE COMPANY DO NOT EXCEED ITS ASSETS AS ASCERTAINED IN THE MANNER PROVIDED IN CHAPTER 28 OF THE INSURANCE LAW OF THE STATE OF NEW YORK

A CURRENT CERTIFICATE OF SOLVENCY AND QUALIFICATION TO BECOME SURETY OR GUARANTOR ON ALL BONDS, UNDERTAKINGS, GUARANTEES AND OTHER OBLIGATIONS REQUIRED OR PERMITTED BY LAW. ISSUED BY THE SUPERINTENDENT OF INSURANCE OF THE STATE OF NEW YORK OR AN AFFIDAVIT THAT SAID CERTIFICATE HAS BEEN ISSUED AND HAS NOT BEEN REVOKED.

Claims and correspondence hereunder should be mailed to the following address:

(To be filled out by insurance company);

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM