



CITY OF GREENSBORO

NORTH CAROLINA

COLLECTIONS DIVISION
300 W WASHINGTON STREET

P.O. BOX 26118
GREENSBORO, NC 2-1402-6118
TELEPHONE (336) 373-2501

Privilege License Bond

BOND NUMBER _____

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KNOW ALL PERSONS BY THESE PRESENTS,

That we, _____

as Principal, and _____ a Corporation

with principal office at _____

as Surety, are held and firmly bound unto the City of Greensboro in the sum of
Two Thousand Dollars (\$2,000. 00)

for the payment of said sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly, severally and firmly, by these presents. In no event however, shall the **total annual liability** of the Surety for all claims exceed, in -the aggregate, the face value of this bond, per license year.

SIGNED, SEALED AND DATED THIS _____ **DAY OF** _____, 20 _____

The foundation of this bond is the Principal's desire and obligation to obtain a license from the City of Greensboro to operate and carry on business as _____

now located or to be located at _____

_____ within the City of Greensboro,

commencing or having commenced on the _____ Day of _____) 20 _____

Now therefore, if the principal shall, during, the period commencing on the aforesaid date pay all permit, license fees and other charges owed to the City of Greensboro; indemnify and save harmless the City of Greensboro from all loss, damage and expense as may be caused by any negligence or oversight of the Principal or the Principal's personal representatives, employees, agents, successors or assigns, faithfully and honestly comply with such ordinances, rules and regulations and any and all amendments thereto, as any apply to the business then being conducted by the Principal or the Principal's personal representatives, employees, agents, successors or assigns and deliver all goods, services, products and promises of same or return any and all deposits and/or payments tendered and taken therefore, then this obligation shall become void and of no effect, otherwise to be and remain in full force and effect.

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It is agreed that any person or entity showing reasonable evidence of aggrievement, damage or degradation, same resulting from the actions and/or omissions of a **Solicitor (named as Principal in this surety bond)** or the Solicitor's personal representatives, employees, agents, successors or assigns in the conduct of such solicitor business as many be named and described above, may suit on this bond.

The Surety may initiate cancellation of this bond by giving thirty (30) days prior written notice to the City of Greensboro Collection Division. The City of Greensboro will promptly provide the Surety written confirmation of receipt of said notice of cancellation. The Surety agrees to keep this bond in full force and effect for at least thirty days after the City of Greensboro's receipt of notice of cancellation..

"Notice of Cancellation" and all other communications regarding this bond must be mailed, in original duplicate, to

Collections Division

P.O. Box 26118

Greensboro, North Carolina 27402-6118

(Hand & Courier delivery to Room 112 in the Melvin Municipal Office Building, 300 W. Washington St)

PRINCIPAL

SURETY

Type of Print Name

Type or Print Name

Signature

Signature of Attorney-in-Fact

NAME, ADDRESS & TELEPHONE NUMBER OF ISSUING AGENCY

NOTE: BOND WILL NOT BE ACCEPTED WITHOUT BOND NUMBER

CITY OF GREENSBORO INSTRUCTIONS FOR PREPARING AND SUBMITTING PRIVILEGE LICENSE BOND FORM

BOND

A SURETY BOND IS REQUIRED OF CONTRACTORS AND SOLICITORS and said bond must be submitted on the Standard City Bond form (attached) - none other is acceptable. Minimally, the standard bond form must contain and/or be accompanied by the following;

1. Name of business - identical to name appearing on any State Certificate, License or Permit.
2. Type of business, i.e., general contractor, roofing contractor, magazine sales, etc.
3. Effective date of bond and **bond number.**
4. Signature of authorized corporate officer(s) or owner(s); corporate seal, if corporation.
5. Signature of issuing/executing agent, also known as attorney-in-fact.
6. *Seal* of Underwriting Surety and name, address and phone number of agent and agency.
7. Attach a valid and binding copy of Power-of-Attorney form for all bonds not directly endorsed by an authorized officer of Underwriting Surety.

SUBMITTING PRIVILEGE LICENSE BOND

The Privilege License Bond form must be delivered by U.S. Mail or Hand/Courier Delivery. For assistance in completing the attached Bond Form, please call (336) 373-2501 / Fax (336) 3734393.

U.S. MAIL

Collection Division
Privilege License Section
Post Office Box 26118
Greensboro, North Carolina 27402-6118

Hand / Courier Delivery

Collection Division - Room P-1 12
Melvin Municipal Office Building
300 West Washington Street
Greensboro, North Carolina 27401

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