



**City of Bexley
Building Department
2242 E. Main St. Bexley, Oh 43209
559-4240**

BOND

DATE: _____

BOND

NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS, That we _____ as Principal, and _____ as Surety, a corporation duly authorized to transact the business of Suretyship in the State of Ohio, are held and firmly bound unto the City of Bexley, Ohio as Oblige, in the penal sum of **TEN THOUSAND AND 00/100-----(\$10,000) DOLLARS** for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals this _____ day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above Principal has or is about to apply to said Oblige for registration as _____ for the term commencing this date and ending December 31, _____; pursuant to Codified Ordinance Chapter 244 of the City of Bexley as applicable.

NOW THEREFORE, if said Principal shall well and truly, comply with and faithfully discharge his duties according to the terms of said ordinance, and save harmless the said Oblige, and any person or persons injured or damaged by the failure of said contractor to comply with the terms of said ordinance or any other ordinance of the City of Bexley and with the terms of the laws of the State of Ohio; then this obligation shall be void, otherwise to be and remain in full force and effect.

****REGISTRANT MUST SIGN HERE**

Registrant

*****S E A L *** THE BOND
MUST BE
SEALED**

By: _____
"....."Surety

By: _____
"....."Attorney-in-fact

(See reverse side for REGISTRATION information.)

BOND INFORMATION

GIVE THIS TO YOUR BONDING COMPANY

BOND AMOUNT: All contractor bonds are \$10,000. Insurance.

INITIAL BOND, FIRST BOND:

You must use our bond form, attached.

RENEWAL OR CONTINUATION:

WE PREFER OUR BOND FORM ATTACHED, but will accept your continuation certificate. If you issue a continuation, be sure all the information is correct.

DATE AND BOND NUMBER:

Enter date of issue and bond number if your company uses these items.

SIGNATURES & SEAL:

Contractors do business under a variety of names, many use several names. The bond must contain the exact full individual name OR the exact full business name that the contractor will use in doing business with us.

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