



CONTRACTOR REGISTRATION BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS that we _____
 (Contractor Company Name)

located at _____ State of _____,
 (Address)

as principal, and _____ a corporation
 (Bonding Company)

duly licensed to do surety business in the State of Ohio, as surety, are held and firmly bound unto the County of Summit and its citizenry, as obligee, in the penal sum of not to exceed TEN THOUSAND DOLLARS (\$10,000.00) lawful money of the United States, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, THAT, WHEREAS, the principal has been licensed as a contractor by the obligee.

NOW, THEREFORE, if the principal shall perform its work in the County of Summit in a workmanlike manner and faithfully perform the duties and in all things comply with the laws of the County of Summit, including all amendments thereto, pertaining to the license or the permit applied for, then this obligation to be void; otherwise, to remain in full force and effect until cancelled by the surety as provided below or released by the obligee.

This bond may be terminated at any time by the surety upon sending written notice by first class U.S. mail to the obligee and the principal at the address last known to surety, and at the expiration of thirty days from the mailing of said notice, this bond shall terminate and the surety shall be relieved from any liability for any acts or omissions of the principal subsequent to that date. The surety shall not be liable for more than the amount of this bond, regardless of the number of claims made against this bond or the number of years this bond remains in force. Any revision of the amount of this bond shall be cumulative.

Dated this _____ day of _____, _____.

Date of expiration _____

Principal

Surety: _____
 Address: _____
 State & Zip: _____
 Phone: _____

By: _____

Title _____

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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