



RICHLAND COUNTY SURETY BOND

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND COUNTY

KNOW ALL MEN BY THESE PRESENTS, That we _____,
Mail Address _____, AS PRINCIPAL AND

_____, AS SURETY, are bound unto the COUNTY OF RICHLAND
in the County and State aforesaid, and its successors, in the full and just sum
of _____ (_____) DOLLARS, to be paid to the said COUNTY
OF RICHLAND, its successors and assigns; to which payment, well and truly to be made and done, we bind
ourselves and each and every one of our heirs, executors, administrators, successors or assigns, jointly and
severally, firmly by these presents.

SEALED WITH OUR HAND and dated at _____ this the
_____ day of _____, 20____, in the year of our Lord two
thousand and _____ and in the _____ year of the Sovereignty
and Independence of the United States of America.

WHEREAS, the said _____ is about to apply for and obtain from
the said COUNTY OF RICHLAND, a license to do, carry on and contract for a general
_____ business in the said COUNTY OF RICHLAND.

NOW, THEREFORE, the condition of this obligation is such that if the said
_____, His agents, servants and employees do fully and faithfully keep and
observe all the ordinances, rules and regulations of the said COUNTY OF RICHLAND relating to
_____ business in the COUNTY OF RICHLAND, and if the said
_____ shall indemnify and save harmless the said COUNTY OF
RICHLAND and its successors from and against all loss and damage whatsoever by reason of any unskillful or
negligent work or damage to the sewer or water pipes, streets, side walks, or other utilities, or any other property
of the COUNTY OF RICHLAND, either by himself or by any of his agents, servants, or employees, or by
reason of the use of any defective or improper material; or for or by reason of any other matter of thing
whatsoever connected with the carrying on of said general business, from time to time, and so long as the said
_____ shall hold and retain a license from the said
COUNTY OF RICHLAND for the business aforesaid, (it being understood that this obligation shall be a
continuing obligation for all licenses obtained for said business, whether for one or more years, and whether
granted by renewal or otherwise) then this obligation shall cease and be null and void; otherwise it shall remain
in full force and virtue.

THIS BOND may be cancelled by the Principal, the Surety, or the Obligor by giving thirty (30) days notice in
writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the
liability of either the Principal or the Surety occurring before the expiration of such notice.

SIGNED, SEALED AND DELIVERED IN
THE PRESENCE OF:

(Principal)

BY: _____

REVISED 12-07-10-01

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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