



KNOW ALL PEOPLE BY THESE PRESENTS:

BOND NUMBER _____

THAT WE, _____ as Principal, and _____ in the State of North or South Carolina, as Surety, are held and bound to Carolina Power & Light Corporation dba Progress Energy Carolinas, Inc., 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, Progress Energy requires the Principal to guarantee the payment of its monthly utility bills, and Principal may do so by furnishing this surety bond for payment of the monthly utility bills to be rendered by Progress Energy.

NOW THEREFORE, in the event the Principal shall fail to fully pay Progress Energy for electric service furnished in the Principal's name at any and all premises, when finally due, the Surety agrees to deliver payment to Progress Energy within thirty (30) days of receipt of the demand for payment by Progress Energy.

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 suit must be brought for enforcement of the surety obligations, in which case the Surety will also 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 after receipt of demand: and

PROVIDED FURTHER, that this bond may be canceled by the Surety as to subsequent liability by giving ninety (90) days notice in writing by certified mail to Progress Energy; however, the Surety shall remain liable with respect to electric service furnished to the Principal prior to the effective date of the ninety days notice.

Progress Energy Carolinas, Inc.
160 Rush Street
CSC WW1
Raleigh, NC 27603

Signed and sealed

this _____ day of _____ A.D., 20 _____

Claims and correspondence hereunder should be mailed to the following address (to be filled out by insurance company):

(Customer – corporate and individual name also d/b/a)

BY

Title (Corporate officer, partner of general partner of LTD)

SURETY UNDER SEAL

BY

Attorney in Fact (attached designation)

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