



STATE OF SOUTH CAROLINA)
)
COUNTY OF)

Bond No. _____

Surety Bond given in the amount of _____, by _____, as principal, of _____ [address], City of _____, _____ County, _____ [state], _____ [zip code] and _____, as surety, of _____ [address], City of _____, _____ County, _____ [state], _____ [zip code] to South Carolina Electric & Gas Company as obligee, Receivables Management, Mail Code J-30, 220 Operation Way, Cayce, SC 29033.

In consideration of obligee providing electric and/or natural gas service to principal, principal, for the entire amount, and surety, for the amount set forth above, agree to pay for such utility services at such addresses as principal shall request it, in accordance with obligee's general terms and conditions as approved by the South Carolina Public Service Commission, or such special conditions attached hereto, if any.

In addition to all other amounts payable hereunder, surety shall, within fifteen (15) days after receipt of demand, reimburse obligee for all costs, attorney's fees, and other expenses that obligee expends or incurs in the enforcement of the provisions of the underlying obligation provided surety has failed within thirty (30) days of receiving notice of default of principal to assume the obligation of this bond.

This bond and the obligation hereunder shall be deemed to run continuously and shall remain in full force and effect until this bond is terminated in the manner herein provided or as otherwise provided by law. The liability of the surety under this bond may be terminated by surety by mailing written notice to obligee at its address above, such termination to be effective no sooner than sixty (60) days from obligee's receipt thereof.

Signed and Sealed this _____ day of _____, _____.

WITNESS

Name _____

Principal

(SEAL)

Surety

(SEAL)

[Surety - Please Attach Power of Attorney]

Bond forms change; this is for educational purposes only

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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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