

CONTRACT POSTAL UNIT BOND

DATE BOND EXECUTED:

PENAL SUM OF BOND:

BOND NUMBER:

CONTRACT UNIT LOCATION:

PRINCIPAL (Legal name and business address)

TYPE OF ORGANIZATION ("X" one)

- Individual Partnership
 Joint Venture Corporation

STATE OF INCORPORATION

SURETY(IES) (Name(s) and business address(es))

KNOW ALL MEN BY THESE PRESENTS, that we, the Principal and Surety(ies) hereto, are firmly bound to the United States Postal Service (the Postal Service) in the above penal sum for the payment of which we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally: Provided, That, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of each Surety, but if no limit of liability is indicated, the limit of liability will be the full amount of the penal sum.

THE CONDITION OF THIS OBLIGATION IS that the Principal and the Postal Service entered into the contract identified above for the operation of a contract postal unit.

NOW THEREFORE, If the Principal(s):

- (a) performs and fulfills all duties and trusts imposed on it as contractor in accordance with the terms of the contract and such rules, regulations and directions as the Postal Service or its authorized representative will prescribe pursuant to the contract; and**
- (b) faithfully accounts for, deliver, and pays over to the Postal Service, or its authorized representative all monies, stamps, and stamped paper, money order stock, mail matter, Postal Service property furnished pursuant to the contract, and all other property of every kind which comes into its possession (including the possession of its employees or agents) during the performance of the contract; then this obligation will be void and of no effect; otherwise it will remain in full force and effect.**

CONTRACT POSTAL UNIT BOND (CONTINUED)

THIS BOND and the obligations hereunder will remain in full force and effect until the contract identified herein ends or is terminated in accordance with its provisions. However, the surety may cancel this bond upon 120 days' written notice given to the Postal Service and the Principal at any time after the expiration of the three year period following the start of the bonded contract. In addition, the surety may cancel this bond at any time that the surety has the written consent of both the Postal Service and the Principal, or that the Principal furnishes to the Postal Service a substitute bond on terms equivalent to this bond with a surety satisfactory to the Postal Service.

IN WITNESS WHEREOF, the Principal and Surety(ies) have executed this contract postal unit bond and have affixed their seals on the date set forth above.

PRINCIPAL

| | | | | |
|---------------------|----|--------|----|----------------|
| Signature(s) | 1. | (Seal) | 2. | Corporate Seal |
|---------------------|----|--------|----|----------------|

| | | |
|---------------------------------------|----|----|
| Name(s) & Title(s) (Typed) | 1. | 2. |
|---------------------------------------|----|----|

CORPORATE SURETY(IES)

| | | |
|---------------------------|----------------------|------------------------|
| Name & Address | STATE OF INC. | LIABILITY LIMIT |
|---------------------------|----------------------|------------------------|

| | | |
|---------------------|----|----|
| Signature(s) | 1. | 2. |
|---------------------|----|----|

| | | |
|---------------------------------------|----|----|
| Name(s) & Title(s) (Typed) | 1. | 2. |
|---------------------------------------|----|----|

ADDRESS ALL CORRESPONDENCE TO: (801) 747-7442

**PURCHASING SERVICE CENTER
US POSTAL SERVICE
225 N HUMPHREYS BLVD
MEMPHIS, TN 38166-6260**

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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