



BOND NUMBER \_\_\_\_\_

**MANUFACTURED HOME STABILIZING SYSTEM INSTALLER'S BOND**

(Required by TENNESSEE CODE ANNOTATED, TITLE 68, CHAPTER 126, PART 4)

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_, located in \_\_\_\_\_

State of \_\_\_\_\_, a **Principal**, and

The \_\_\_\_\_, a Surety Company duly licensed to do business

in the State of Tennessee, and whose principal office is located in \_\_\_\_\_, State of \_\_\_\_\_, as **Surety**, are held and firmly bound unto the State of Tennessee, Department of Commerce and Insurance, **Obligee**, in the sum of ten thousand and 00/100 (10,000.00) dollars, lawful money of the United States, to be paid to the said Obligee, for which payment will and truly be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

**THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH**, that if the said Principal, upon receipt of the written approval of the State Fire Marshal to install Manufactured Home Stabilizing Systems in the State of Tennessee, will fully comply with the Tennessee Manufactured Home Anchoring Act, **TENNESSEE CODE ANNOTATED, TITLE 68, CHAPTER 126, PART 4** and all rules promulgated there under, including all amendments or pay to said Obligee the reasonable cost of correcting any non-complying stabilizing system(s) installed by said Principal, then this obligation to be void, otherwise to remain in force and effect **for the licensure period**, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, be certified mail, to the office of the Tennessee State Fire Marshal and to the Principal, and at the expiration of thirty-five (35) days from the mailing of said notice, this Bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

**PRINCIPAL:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**SURETY:** \_\_\_\_\_ **AGENT:** \_\_\_\_\_  
(Name and Address of Company)

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                          **Fax: (602) 674-8235**  
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