

**City of Gallatin**  
Sumner County, Tennessee  
PERMIT BOND

Permit Bond No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_

*KNOW ALL MEN BY THESE PRESENT, THAT WE, THE UNDERSIGNED,*

\_\_\_\_\_  
(Name must be exactly the same as state license, if applicable)  
as Principal, of address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)  
and \_\_\_\_\_

as Surety, organized under the laws of the State of \_\_\_\_\_, and authorized to do business in the State of Tennessee, are held and firmly bound unto the City of Gallatin, Sumner County, Tennessee (hereinafter "City") as Obligee, for the benefit of the City, and also for and on behalf of the owner(s) of property on which work is performed by the Principal pursuant to a permit issued under this bond, or, for work performed by the Principal for which a permit should have been obtained prior to the commencement of such activity, we hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, in the full and penal sum of \_\_\_\_\_

WHEREAS, the above bonded Principal desires to perform construction work within the corporate limits of said City and desires to be in compliance with SECTION 5-2 of the Gallatin Municipal Code.

NOW THEREFORE, this obligation is to secure the following: That the Principal shall in all respects comply with and conform to all codes, laws and ordinances of the City relating to, but not limited to, excavation and construction in the public right-of-way, building, grading, plumbing, gas/mechanical, housing, fire, health and zoning; that this obligation shall further bind the Principal and Surety for any damage to property of the City resulting from contractors of the Principal, such as but not limited to streets, roads, curbs, gutters, water, sewer and storm water drainage lines, sidewalks, alleys, traffic signs and signals, and for the costs of repairs incurred by property owners resulting from the failure of the Principal to comply with and conform to the above mentioned, codes, laws and ordinances of the City.

The term of this bond is continuous; however, the Surety shall have the right to cancel this bond at any time by a written notice stating when the cancellation shall take effect, and served upon or sent by certified mail to the Department of Codes Administration of the City at least ten (10) business days prior to the effective date of the cancellation. The liability of the Surety shall continue to attach to work performed pursuant to any permit issued prior to the termination date of the bond even if the non-complying act should occur after the termination date of the bond. The liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the bond penalty as set forth above. Regardless of the number of years this bond may remain in force, the liability of the Surety shall not be cumulative, and the aggregate liability of the Surety for all claims, suits or action under this bond shall not exceed the face amount.

No right of action shall accrue by reason of the Bond, to or for the use or benefit of any one whatsoever other than the Obligee named herein.

\_\_\_\_\_, Surety  
Seal must be affixed & Power of Attorney attached. (Corporate Surety must be U.S. Treasury listed or a Tennessee Domestic Insurance Company).

By: \_\_\_\_\_  
(Attorney-in-fact) \_\_\_\_\_

\_\_\_\_\_  
(Agent's Address)

\_\_\_\_\_

\_\_\_\_\_  
(Name of Contractor/Principal)

By: \_\_\_\_\_  
(Proprietor, Partner or Corporate Officer)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

<b>Mail to:</b>	<b>Contract Type:</b>	<b>Bond Requirement:</b>
Codes Administration	General Contractor	\$50,000
132 West Main Street	Electrical, Plumbing, Gas	\$10,000
Room 202	Mechanical and Excavation	\$10,000
Gallatin, TN 37066		

NOTE: A VALID STATE CONTRACTOR'S LICENSE IS REQUIRED ON ALL BIDS OR CONTRACTS WITH OWNERS AND ELECTRICAL AND MECHANICAL CONTRACTORS OF \$25,000.00 OR GREATER, PURSUANT TO T.C.A. § 62-6-102.

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## 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**  
**E-Mail SAM@WWISINC.COM**