

Surety Bond

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, as Principal, and _____, as Surety, a corporation organized and existing under the laws of the State of _____, hereby acknowledge ourselves to be indebted and firmly bound unto the **COVINGTON ELECTRIC SYSTEM** as Obligee, in the sum of _____ for the payment whereof we bind ourselves, and heirs, executors, administrators, and assigns, jointly and severally by these presents.

Whereas, the said _____ has entered into a contract with the **COVINGTON ELECTRIC SYSTEM** to take from it electric service at _____ and to pay promptly therefor, the bills presented by said **COVINGTON ELECTRIC SYSTEM** in accordance with **COVINGTON ELECTRIC SYSTEM's** rules and regulations and to abide by said rules and regulations in other respects therein set forth.

Now, therefore, if said _____ performs its obligations and shall pay all bills for such services promptly when due, then this obligation shall be void, otherwise to remain in full force and effect.

In the event of the failure of the said _____ to perform any of his/her/its obligations in abiding by the **COVINGTON ELECTRIC SYSTEM's** rules and regulations _____ shall forthwith pay any and all amounts owed **COVINGTON ELECTRIC SYSTEM** under the rules and regulations or correct any or all of such violations.

It is expressly understood that the **COVINGTON ELECTRIC SYSTEM** will treat _____ as any other customer regarding service, cutoffs, etc.

The Surety may cancel this bond at any time by filling with the Obligee sixty (60) days written notice by certified mail or U.S. registered mail of its desire to be relieved of liability. The surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the sixty day period.

In Witness Hereof, the Parties have hereunto signed this bond this _____ day of _____, 20__.

SIGNED _____
Principal

BY _____

SIGNED _____
Surety

BY _____
Attorney In Fact

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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