



Amount \$ _____

Bond Number _____

UTILITY SERVICE GUARANTY BOND

KNOW ALL MEN BY THESE PRESENTS, That _____
(Customer/Name on Invoice*)
Principal, hereinafter called Principal, and _____

as Surety, hereinafter called Surety, are held and firmly bound unto THE KNOXVILLE UTILITIES BOARD, KNOXVILLE, TENNESSEE, as Obligee, hereinafter called Obligee, in the aggregate sum of _____ for the payment of which sum will and truly to be made, we the Principal and Surety above named bind ourselves, our heirs, executors, administrators and successors, jointly and severally by these presents.

WHEREAS, the Principal has requested and the Obligee has agreed to furnish utility service to the Principal pursuant to the rates, rules and regulations for the Company promulgated by proper regulatory authority having jurisdiction; and

WHEREAS, the Obligee is willing to accept this Bond in lieu of securing a cash deposit to be made by the Principal to secure payment for the services to be furnished.

NOW, THEREFORE, if the said Principal shall pay or cause to be paid all bills, statements or charges for any services furnished or rendered from and after _____, until date of disconnection, then and in that event, this bond and all obligations hereunder shall terminate and cease, otherwise, shall remain in full force and effect.

It is also understood and agreed that Surety may cancel this bond by written notice served by registered mail upon The Knoxville Utilities Board specifying the effective date of said cancellation, which in no event shall be less than sixty (60) days after the date borne by Surety's receipt. But the Surety shall, nevertheless, remain liable for any and all accrued indebtedness of the Principal to the Obligee incurred prior to the proposed termination date.

IN WITNESS WHEREOF, the above parties have executed this instrument under their several seals, the name and corporate seal of each corporate party being hereto affixed, and these presents duly signed by its undersigned representative pursuant to authority of its governing this _____ day of _____, 20_____.

_____ PRINCIPAL

BY: _____

_____ SURETY

BY: _____
ATTORNEY-IN-FACT

*Customer/name on invoice must match invoice-billing name and must remain so until account is closed.

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	\$	ACCRAULS, 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

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