AMOUNT \$	BOND NO.
UTILIT	Y SERVICE GUARANTY BOND
KNOW ALL MEN BY THESE P	PRESENTS, That
Principa	I, hereinafter called Principal, and
BOARD; LENOIR CITY, TENNESSEI	e held and firmly bound unto THE LENOIR CITY UTILITIES E, as Obligee, hereinafter called Obligee, in the aggregate sun of
	which sum will and truly be made, we the Principal and Surety executors, administrators and successors, jointly and severally by
	quested, and the Obligee has agreed to furnish utility service to the regulations for the Company promulgated by proper regulatory
WHEREAS, The Obligee is willing by the Principal to secure payment for the	g to accept this Bond in lieu of securing a cash deposit to be made services to be furnished.
charged for any services furnished or	Principal shall pay or cause to be paid all bills, statements or rendered from and after, until date of is bond and all obligations hereunder shall terminate and cease, fect.
registered mail upon the LENOIR CIT cancellation, which in no event shall be les	that Surety may cancel this bond by written notice served by Y UTILITIES BOARD specifying the effective date of said is than sixty (60) days after the date borne by Surety's receipt. But ble for any and all accrued indebtedness of the Principal to the mination date.
seals, the name and corporate seal of each	above parties have executed this instrument under their several ch corporate party being hereto affixed, and these presents duly ative pursuant to authority of its governing body, this 20
	Principal
	Ву:
	Surety
	By:Attorney-In-Fact

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ	
AGENCY PHONE:	AGENCY FA	X :			
AGENCY ADDRESS:					
(Street)	TO DOUBLE TO DEAT		(City)	(State)	(Zip)
CURRENT OR EXPIRING QUOTE WE AF	E LOOKING TO BEAT?				
NAME OF PREVIOUS SURETY COMPAN	IY WRITING THE BOND	?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		AMOUNT:			
OBLICEE:			EXP.DA		
OBLIGEE ADDRESS: (Street)					
BUSINESS NAME:		(City)	(State)		(Zip)
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
TYPE OF COMPANY CORP LLC	DBA PARTNERS	(City) HIP HOW MANY ((State) DWNERS?		(Zip)
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		SEMENTS	YES 🗆 NO 🗖
BONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINI		SAINST YOU?	7 FU FD DANKDURTOV	·0	YES NO
TIAG ALT EIGANT EVERT AILED IN BOOM	-00: 123 NO HA	AS APPLICANT EVE	R FILED BANKRUPTUT	•	
SECTION II: GENERAL INFORMATION	9	SPOUSE NAME			
OWNER'S NAME:SP:	OUSE SS#		ME DHONE:		
RESIDENTIAL ADDRESS:		10	MIL 1 11014L.		
(Street)		(City)	(State)		(Zip)
ADDITIONAL OWNERS / PARTNERS OWNER'S NAME:	5	SPOUSE NAME			
SS#:SP			ME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	ICIALSTATEMENT OF A				
ASSETS CASH IN BANK		LIABILITII NOTES PAYABLE			
CASH IN BANK	\$	NOTES PAYABLE		\$	
STOCKS & BONDS	\$ \$	ACCOUNTS PAYA		\$	
ACCOUNTS RECEIVABLE	\$		E INCOME TAX DUE	\$	
NOTES RECEIVABLE	\$	ALL OTHER TAXES		\$	
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.		\$	
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPM		\$	
EQUIPMENT	\$	DUE ON REAL ESTATE		\$	
REAL ESTATE	\$	OTHER LIABILITIES		\$	
OTHER ASSETS		-		\$	
O THE TROOP IS	\$	CAPITAL STOCK (IF A CORPORATION) SURPLUS & UNDIVIDED PROFITS		\$	
				 	
TOTAL ASSETS	s	\$ TOTAL LIABILITIES		\$	
		NET WORTH		s	
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP	
THE OF OTHER	TOTAL GITTLE C	. 51110210			
-					
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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 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235