

## INDEMNITY BOND FOR UTILITY SERVICES

STATE OF TENNESSEE

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That we, \_\_\_\_\_  
(Name of Customer Acct.)

\_\_\_\_\_ as Principal

and \_\_\_\_\_  
(Name and address of Bonding Co.)

as surety, and authorized to transact business in the State of Tennessee, are held and firmly bound unto the Memphis Light, Gas and Water Division, Box 388, Memphis, TN 38145, as Obligee in the sum of \_\_\_\_\_

for payment whereof well and truly to be made, the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Obligee has agreed to furnish to the Principal and the Principal has agreed to pay for utility service of \_\_\_\_\_  
(Name of Customer Account)

\_\_\_\_\_  
(Prem Address)

such service to be provided in accordance with the rules, regulations, and approved rates of the Obligee, then this obligation shall be void, otherwise it shall remain in full force and effect, subject, however, to the following provision:

This bond shall be in full force and effect indefinitely from date of issuance, and a continuation or renewal certificate is unnecessary, provided however, the Surety may at the end of each year from date hereof terminate it's liability by providing a sixty (60) day written notice; it being understood that such cancellations shall not affect any liability accruing under this bond prior to the effective date of such cancellation.

SIGNED, and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

WITNESS:

Printed Name & Signature of Authorized Business Account Officer

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Attorney-in-Fact

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
AGENCY ADDRESS: \_\_\_\_\_  

(Street) (City) (State) (Zip)

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?

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: \_\_\_\_\_

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 ☐

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

**Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.**

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**

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