

BOND NO _____

PRINCIPALS ADDRESS _____

PRINCIPALS PHONE NUMBER _____

STATE OF TEXAS

COUNTY OF JEFFERSON

BUILDING CONTRACTORS BOND

KNOW ALL MEN BY THESE PRESENT: That we, _____ as Principal, and _____ as Sureties, are held and firmly bound unto the City of Beaumont, Texas in the sum of Twenty Five Thousand (\$25,000.00) Dollars to the payment of which well and truly to be made we hereby bind ourselves, our heirs, executors, administrators assigns, and legal representatives, firmly by these presents:

WHEREAS, THE ABOVE NAMED _____ is engaged in the business of erecting, constructing, enlarging, altering, repairing, moving, improving, removing, converting, and demolishing buildings and structures within the City of Beaumont, Texas and

WHEREAS, Section 6 4 of the Code of Ordinances of Beaumont, Texas, requires a bond in the sum Twenty Five Thousand (\$25,000.00) Dollars of persons or businesses pursuing contracting within the City of Beaumont.

NOW THEREFORE, if the said _____ shall sufficiently indemnify and protect the City of Beaumont against all costs, expenses, or damages which may in anywise accrue against, the City of Beaumont on account of his failure to conform to the regulations of the aforesaid Building Code and other Ordinances of the City in reference to building and shall pay all loss and damage for injuries to person and property which may lawfully be claimed against him on account of such failure, then this obligation shall be null and void, otherwise to remain in full force and effect.

This Bond shall cover all erecting, constructing, enlarging, altering, repairing, moving, improving, removing, converting, or demolishing of buildings and structures, by the said _____ within the City of Beaumont, for the period of one (1) year from the date of approval and filing hereof and shall cover all work performed under said bond for a period of not less than two (2) years from the date of final building inspection.

This bond shall also inure to the benefit of any and all persons who sustain any loss or damage on account of any failure by the said _____ to conform to the regulations of the aforementioned Building Code, the regulations of the Code of Ordinances and other ordinances of the City of Beaumont, in reference to buildings, and any such person sustaining any such loss or damage may bring suit on this bond against the principal and surety or sureties hereon in any court of competent jurisdiction to recover same

All remedies upon or under this bond shall be in addition to and cumulative of all other remedies the parties may have at law or in equity for recovery of any such losses or damages. Cumulative recoveries may be had on the Bond but total recoveries hereunder by all claimants shall not exceed Twenty Five Thousand (\$25,000.00) Dollars by providing the City of Beaumont with additional bond principal within fifteen (15) days after any recovery is made on this bond.

IN TESTIMONY WHEREOF, witness out hands on this ____ day of _____, ____ TO REMAIN IN EFFECT UNTIL ____ day of _____.

Insurance Co. _____

Address: _____

Phone: _____

AGENT: PLEASE ATTACH POWER OF ATTORNEY TO BOND

Print or Type Owners Name) _____

(Signature To Be Notarized) _____

SWORN TO AND SUBSCRIBED BEFORE ME ON

THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC SIGNATURE _____

Commission Expires: ____

AGENT OR 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.

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