



City of Sherman
 P.O. Box 1106
 Sherman, Texas 75091
 Phone: (903) 892-7204
 Fax: (903) 892-7394

ROOFING CONTRACTOR'S BOND

STATE OF TEXAS '
COUNTY OF GRAYSON '
CITY OF SHERMAN '

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Principal, and _____ as Surety, hereby acknowledge ourselves to owe and be indebted to the City of Sherman, a Municipal Corporation of said County of Grayson, State in the full sum of TWENTY THOUSAND DOLLARS (\$20,000.00) for 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, and repairing roofs within the City of Sherman, Texas; and

WHEREAS, Ordinance No. 51 H, incorporated into the Code of Ordinances of the City of Sherman, Texas, requires a bond of all contractors. The bond is hereby set at the sum of Twenty Thousand Dollars and No Cents (\$20,000.00) of persons pursuing contracting within the City of Sherman. Ordinance No. 51 H is made part hereof for all intents and purposes as if copied verbatim herein;

NOW, THEREFORE, if the said _____ shall sufficiently indemnify and protect the City of Sherman against all costs, expenses, or damages which may be anywise accrue against the City of Sherman on account of his failure to conform to the regulations of the aforesaid Ordinance No. 51 H and other Ordinances of the City in reference to buildings and shall pay all loss and damage for injuries to persons 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, and repairing roofs by the said _____ within the City of Sherman, for the period of one (1) year from the date of approval and filing hereof.

This bond shall also insure 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 Ordinance No. 51 H and other Ordinances of the City of Sherman, 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 this bond, but total recoveries hereunder shall not exceed Twenty Thousand Dollars and No Cents (\$20,000.00) regardless of the number of years this bond is in force. Surety hereunder hereby agrees to notify the City of Sherman of each and every recovery on such bond.

IN TESTIMONY WHEREOF, witness our hands on this the _____ day of _____, _____.

TO REMAIN IN EFFECT UNTIL the _____ day of _____, _____.

Insurance Co. _____ SS SSSSS	_____
Agent: _____ SSSSSSS	..	(Print or Type Owner's Name)
Address: _____ SSSSSSS	..	(Print or Type Owner's Address)
Phone: _____	..	(Print or Type Owner's Phone Number)
AGENT: PLEASE ATTACH POWER OF ATTORNEY TO BOND	_____	(Signature to be Notarized)

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, _____ S _____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

SURETY

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 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

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 **Toll Free: (888) 518-8011**
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