

APPENDIX FORM D: CONTRACTOR'S LICENSE BOND 10a

(This form may be used as an alternative means of demonstrating financial responsibility.) (This form is a public record.)

Division of Occupational and Professional Licensing
160 East 300 South, PO Box 146741
Salt Lake City, Utah 84114-6741

Bond Number: _____

Date: ___/___/___

CONTRACTOR'S LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____, contractor and including its owners _____ of (Street Address) _____

(City) _____, (State) _____ (Zip) _____ as Principal, and _____ a

Surety Company qualified and authorized to do business in the State of Utah, as Surety, are jointly and severally held and firmly bound to the people of the State of Utah to indemnify persons, firms, and corporations for losses which may occur by reason of violation of the conditions hereinafter contained, in the total aggregate sum of Fifty Thousand and NO/100 Dollars (\$50,000.00) as required by Utah Code Ann. 58-55-306(1)(b) or 58-55-306(4)(c)(ii), in lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally and firmly by these presents. The total aggregate liability of this bond to all persons making claims shall not exceed the penal sum stated herein.

THE CONDITION OF THIS OBLIGATION IS SUCH, That:

WHEREAS, the above bounden Principal has applied for licensure as a contractor within the State of Utah, and pursuant to the application, licensure has been or is about to be granted.

NOW THEREFORE, if the above bounden Principal shall obtain said licensure to do business as a contractor under the provisions of THE UTAH CONSTRUCTIONS TRADES LICENSING ACT providing for the regulation and control of the business of contracting, as provided by Utah Code Ann. Title 58, Chapter 55, the above bounden Principal and Surety shall indemnify persons, firms and corporations for losses which may occur as the result of the above bounden Principal's violation of any of the unlawful or unprofessional conduct provisions of Utah Code Ann. Title 58, Chapters 1 and 55, including failure of the licensee to pay its obligations or failure of the licensee's owners to pay income taxes and self employment taxes on payments from the licensee to the owner, or any law respecting commerce in contracting promulgated by a licensing or regulating authority so that the total aggregate liability on the bond to all persons making claims does not exceed the aggregate sum specified herein on account of any violation or violations of said laws or rules during the time of said licensure and all lawful renewals. Said bounden Principal shall also pay reasonable attorney's fees in cases successfully prosecuted or settled against the Principal or Surety if the bond has not been depleted.

The Surety herein reserves the right to withdraw as such surety except as to any liability already incurred or accrued hereunder and may do so upon giving written notice of such withdrawal to the Principal and to the Division of Occupational and Professional Licensing, provided, however, that no withdrawal shall be effective for any purpose until sixty (60) days shall have elapsed from and after the receipt of such notice by the said Division, and further provided that no withdrawal shall in anywise affect the liability of said Surety arising out of any violation or violations of said laws or rules by the Principal hereunder prior to the expiration of such period of sixty (60) days, regardless of whether or not the loss suffered has been reduced to judgment before the lapse of sixty (60) days.

Signed and sealed this _____ of _____, 20_____

(Principal) _____ (Surety)

(Attorney-in-Fact)

(Bonding Company must be listed in the Department of Treasury, Fiscal Service, Circular 570, current revision, entitled "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies.")

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**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM