

## City of Newport News Newport News, Virginia

2400 Washington Avenue Newport News Virginia 23607

## BOND

BOND NO: \_\_\_\_\_

PRINCIPA	L: Name:							
	Address:	St	ate:	Zip				
SURETY:	Name:							
	Address:	St	tate:	Zip				
KN	OW ALL MEN BY THESE PRES	SENTS that we th	ne nrinc	inal and surety abo	Ve			
	re held and firmly bound unto the	· · · · · · · · · · · · · · · · · · ·	-	_				
•	in the sum of FIVE THOUSAND							
	truly to be made, we bind ourselve		,					
	s, jointly and severally, firmly by		we her	eby waive the benef	it of			
our Home	estead Exemption as to this obliga	tion.						
	NOW THEREFORE 4	andition of this o	blication	n a guaha				
	NOW THEREFORE, the	condition of this o	ongatio	n is such:				
1.	That if the Principal shall indemnify an	d save harmless the Ci	itv from a	all loss, damage, expen	se or			
(	cost, by reason of any claim, suit or action made or instituted against the City or against any agent or							
	employee thereof, on account of any injury, loss or damage sustained in consequence of any defect in							
	any work done pursuant to the provisions of Chapter 13 of the Code of the City of Newport News by the Principal to guard any such work sufficiently or properly, or in consequence of the use of any							
	mproper material or appliances or in co							
	employees, in or about any such work;		or negree	t of the Filmerpai, his	igents of			
	That with respect to any work carried o							
	of Chapter 13 of the Code of the City of Newport News and put such work in proper condition,							
	pursuant to Chapter 13 of the Code of the City of Newport News, to the satisfaction of the Building Official or his authorized representative within ten (10) days of receiving written notice to do so, and							
	if the Principal shall pay all fines and penalties properly imposed, then this obligation shall be void							
	and of no effect, otherwise, it shall rema							
	This bond shall be in force from _			, until				
	terminated by the Principal or Surety giving thirty days notice in writing to the							
	Building Official of the City of Newport News, Virginia.							
]	IN WITNESS WHEREOF, the sai	d Principal and Su	rety hav	ve hereunto affixed	their			
	names and seals this day o	_	•					
_								

Corporation:	
ATTEST:	Principal
	President
ndividual:	
	Principal (SEAL)
Partnership:	
	Trade Name  (SEAL)  Principal
9,	Principal (SEAL)
	Surety
	Attorney-in-fact Address:
pproved as to form:	
City Attorney	
nstructions 1 Cornoration m	ust affix cornorate seal

- 1. Corporation must affix corporate seal. Instructions:
  - Surety must affix seal and attach current power or attorney.
     If a partnership, all partners must sign.

## SURETY BOND APPLICATION

AGENCY NAME:	AME: AGENCY CONTACT_					
AGENCY PHONE:	AGENCY FA					
AGENCY ADDRESS:						
(Street)	LOOKING TO BEAT		(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:				
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  PARTNERSI	(City)	(State)		(Zip)	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			_	
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		EMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE?		GAINST YOU?		•	YES   NO	
HAS APPLICANT EVER FAILED IN BUSINES	BOS TEO INO II HA	S APPLICANT EVE	R FILED BANKRUPTCY	7		
SECTION II: GENERAL INFORMATION						
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(State)			
ADDITIONAL OWNERS / PARTNERS		(City)	(Sidle)		(Zip)	
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
ASSETS	CIALSTATEMENT OF A	UABILITI LIABILITII				
CASH IN BANK	\$	NOTES PAYABLE		\$		
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		<del></del>	\$	· · · · · · · · · · · · · · · · · · ·		
REAL ESTATE	\$	OTHER LIABILITIES		\$		
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)		\$		
		SURPLUS & UND	VIDED PROFITS	\$		
TOTAL ASSETS	\$	\$ TOTAL LIABILITIES  NET WORTH		\$		
				\\$		
NAME OF OWNERS	NAME & TITLE O	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 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235