

CONCESSIONAIRE BOND

BOND # _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____
_____ as Principal and _____
Virtue of the laws of the State of _____, as Surety, are held and firmly
bound unto THE HOME SERVICE STORE, INC., as Oblige, in the sum of _____
_____ (_____) dollars lawful money of the United States of America, to be paid to
the said Oblige for which payment, well and truly to be made, we bind ourselves, our heirs,
administrators, executors, successors, and assigns, jointly and severally, by these presents.

WHEREAS, the Principal has entered into a written Agreement(s) with the Oblige pursuant
to which Principal shall participate in HSS Programs.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall well
and truly perform all agreements and conditions of said Agreement on the part of said
Principal to be performed, then this obligation shall be void, otherwise to remain in full force
and effect.

PROVIDED, HOWEVER, that the following express conditions shall apply:

FIRST : That in the event of any default on the part of the Principal a written
statement, attested to by an officer of the Oblige, of the particular facts showing such
default, the resulting damage to Oblige, and the date thereof shall be delivered to the
Surety, by registered mail at its office at _____
_____.

SECOND : This bond is non-cumulative and in no event shall the Surety be liable for a
sum greater than the penalty displayed in the first paragraph of this bond.

THIRD : This bond is effective _____, 2___ and will expire on
_____, 2___. This bond shall automatically be renewed for additional one-year
terms, absent 60 days prior written notice. A copy of any such notice must be provided to
Oblige.

FOURTH: That the Surety herein may, if it so elects, terminate its obligation under this
bond by first serving Sixty days written notice of its intention so to do upon the Oblige at its
principal office but the Surety shall nevertheless remain liable for any and all accrued
indebtedness of the Principal to the Oblige incurred prior to the proposed termination date.

Bond forms change; this is for educational purposes only

FIFTH : Neither non-renewal by the Surety, nor failure, nor inability of the Principal to file a replacement bond shall constitute a loss to the Obligee, which is recoverable under this bond.

IN WITNESS WHEREOF, the seal and signature of the said Principal is hereto affixed and the corporate seal and name of the said Surety is hereto affixed by its duly authorized Attorney-in-Fact at _____, this _____ day of _____, 20____.

Principal

Installation Company

By: _____
Attorney-in-Fact

Company

SAMPLE.COM
WWWISINC.COM

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.

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