



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**HOME IMPROVEMENT CONTRACTOR'S SURETY BOND**

Version 2009-03-19

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_  
of \_\_\_\_\_, AS PRINCIPAL, and \_\_\_\_\_  
\_\_\_\_\_, a corporation organized and existing under the laws of the STATE  
of \_\_\_\_\_, and authorized to do business in the Commonwealth of Virginia, AS SURETY, are  
held and firmly bound unto the Board of County Supervisors of Prince William County, Virginia, a body  
corporate, in the full and just sum of Ten Thousand Dollars, (\$10,000.00), lawful money of the United States, to  
be paid to the Board of County Supervisors of Prince William County, Virginia; to which payment will and  
truly be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and  
severally, firmly by these presents.

WHEREAS, the said \_\_\_\_\_, desires to engage in business as a  
Home Improvement Contractor in the said County of Prince William, Virginia, pursuant to requirements of a  
certain ordinance of the Board of County Supervisors of Prince William County, Virginia, known as the Home  
Improvement Ordinance, Chapter 5 Article III of the Prince William County Code, and in accordance with all  
laws of the Commonwealth of Virginia, and the County of Prince William relating to Home Improvement  
Contractors in the said County.

NOW THEREFORE, THE CONDITIONS OF THE OBLIGATION ARE SUCH THAT, if the said  
\_\_\_\_\_ shall well and truly observe and strictly and faithfully comply  
with all of the provisions of the said ordinance and the said laws of the Commonwealth of Virginia, and of the  
County of Prince William, and amendments thereto made, or which may be made hereafter and with all rules  
and regulations lawfully adopted pursuant to the said ordinance and laws, relating to home improvement work  
placed in, upon, or adjacent to any dwelling or accessory building, or upon the land or adjacent land on which  
such dwelling or accessory buildings are erected, in the County of Prince William; and if the said  
\_\_\_\_\_ shall indemnify and save harmless the said County as well as any other  
person from all expense and damage that may be caused by any negligent, defective or inadequate work done in  
the said County under his or their Registration, then this obligation to be void; otherwise, to remain in full force  
and effect until Midnight, \_\_\_\_\_.

IN WITNESS of all of which the Principal and Surety have signed and sealed this \_\_\_\_\_ day of  
\_\_\_\_\_.

SURETIES: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

BROKER FIRM NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

Power of Attorney must be attached  
Corporate Seal  
Bond Number \_\_\_\_\_  
Surety Seal

## 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.

**Worldwide Insurance Specialists, Inc**  
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