



**BE KNOWN THAT WE** \_\_\_\_\_ as Principal,  
and \_\_\_\_\_, a corporation duly incorporated  
under the Laws of the State of \_\_\_\_\_, as Surety, are held and firmly bound  
unto the Commonwealth of Virginia in the full and just sum of \_\_\_\_\_ U.S.  
Dollars (\$ \_\_\_\_\_), to be paid to the Commonwealth of Virginia to the payment whereof we hereby  
bind ourselves and our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these  
presents, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year).

**WHEREAS**, The said Principal hereunder has been or will be granted permit(s) authorizing one or more of the following  
activities;(A) to move house property upon public highways of Virginia (B) to cut surface of the highways of Virginia, or to  
tunnel under such highways; (C) to install and/or erect and maintain telephone, electric power lines, water, sewer, gas or  
other utilities on, under or over such highways, bridges or tunnels;(D) to install an entrance or tie-in into a public roadway  
and/or grading upon the Right -of- way; or (E) for the following purposes: Explain below exact purpose(s) for which surety  
coverage is being obtained.

**Work to be performed in the county, city or town of:** \_\_\_\_\_

**THEREFORE**, The conditions of this obligation are such that if the said Principal shall in all respects comply with the  
terms and conditions of said permit(s), and fully meet and perform obligations thereunder in accordance with requirements  
for permits as set forth in the Land Use Permit Manual in effect at time of permit issuance, and shall satisfactorily complete  
the work permitted, and shall indemnify and save harmless the Commonwealth of Virginia against and from all loss, cost,  
expense damage or injury to highways and bridges and to persons and property lawfully on such highways, growing out of  
the granting of such permit(s) to said Principal, then this obligation be void, otherwise to be and remain in full force and  
virtue.

**NOW, THEREFORE**, It is expressly understood that this Bond may be canceled by the Surety at the expiration of sixty  
(60) days from the date which the Surety shall have lodged with the Commonwealth Transportation Commissioner or his  
designees written notice to so cancel. This provision, however, shall not operate to relieve, release or discharge the Surety  
from any liability already accrued, or which shall accrue, on permits issued before the expiration of the sixty-day period.  
**Bonds securing performance on specified active permit(s) may be canceled only upon satisfactory completion of  
permit(s), as determined by the Department Engineer.** NOTE: Continuous Bond cannot be canceled unless facilities  
covered by the permit have been removed from the Right -of-way, or the principal has arranged for replacement surety  
protection. **ALL permit work covered under section (C) above shall be covered by a bond at all times.**

Said principal and surety, being properly authorized, have caused these presents to be executed and their seals affixed the day and year first above  
written.

Surety name _____	Principal name _____
Bond number _____	TAX ID # or DMV ID # _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Contact person _____	Contact person _____
Phone number _____	Phone number ( _____ ) _____
Attorney-in-Fact Name _____	Signature _____
Signature _____	

Attorney-In-Fact  
(Seal)

POWER OF ATTORNEY AUTHORIZATION TO BE ATTACHED

**Acknowledgement of Principal**

STATE OF \_\_\_\_\_ COUNTY / TOWN / CITY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for the County / Town / City aforesaid, in the State aforesaid, do certify that, \_\_\_\_\_ whose name as Principal is signed to the foregoing writing bearing date this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year), personally appeared before me and acknowledged the same.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year) My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Affidavit and Acknowledgement of Surety**

STATE OF \_\_\_\_\_ COUNTY/TOWN/CITY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for the County/Town/City aforesaid, in the State aforesaid do certify that, \_\_\_\_\_ (Name of Attorney in Fact) personally appeared before me and made oath that he is \_\_\_\_\_ (Title) of the \_\_\_\_\_ (Name of Surety), that he is duly authorized to execute the foregoing bond by virtue of a certain power of attorney of said company; that said power of attorney has not been revoked; that the said company has complied with all the requirements of law regulating the admission of such companies to transact business in the State of Virginia; that the said company holds the certificate of the Commissioner of Insurance authorizing it to do business in the State of Virginia; that it has a paid-up cash capital of not less than \$250,000; that the paid-up capital plus the surplus and undivided profits of said company is \$ \_\_\_\_\_; that the penalty of the foregoing bond is not in excess of ten percentum of said sum; that the said company is not by said bond incurring in the aggregate, on behalf or on account of the principal names in said bond, a liability for an amount larger than one-tenth of its paid-up capital, plus its surplus and undivided profits; that the said company is solvent and fully able to meet promptly all its obligations, and the said \_\_\_\_\_ (Attorney in fact name) thereupon, in the name and on behalf of the said company, acknowledged the foregoing writing as its act and deed.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year) My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Original to be filed with the Virginia Department of Transportation  
Request for Land Use Permit Surety Bond Cancellation may be addressed to:  
Virginia Department of Transportation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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**  
**2424 W. Missouri AVE**  
**Phoenix, AZ 85015**  
**E-Mail SAM@WWISINC.COM**

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**