

**County of Fairfax
Board of Supervisors c/o Clerk to the Board of Supervisors
12000 Government Center Parkway
Suite 533
Fairfax, Virginia 22035**

Solid Waste Collection, Transportation and Disposal Bond

BOND NUMBER: _____

DATE: _____, 20____

KNOW ALL MEN BY THESE PRESENTS, That _____, principal, and _____, surety, are held and firmly bound unto the Board of Supervisors of Fairfax County, Virginia, and its assigns in the sum of _____ Dollars (\$ _____) for the payment whereof, well and truly to be made, for which we, the said principal and surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

WHEREAS, the said principal has applied for a solid waste collection Certificate to Operate (“CTO”) required by Article 4 Sections 109.1-4-2 and 109.1-4-7 of The Code of the County of Fairfax, Virginia, to engage in the business of collecting, transporting, and/or disposing of solid waste in Fairfax County, Virginia; and **WHEREAS**, the said CTO contains certain conditions and requirements that Chapter 109.1 of The Code of the County of Fairfax, Virginia (“Chapter 109.1”), sets forth for the collection, transportation, and disposal of solid waste in Fairfax County, Virginia; and **WHEREAS**, it is the desire of the principal and surety hereunder to guarantee to the Board of Supervisors of Fairfax County, Virginia, that the principal meets the terms and conditions set forth in the said CTO and that the requirements of Chapter 109.1 be met.

NOW THEREFORE IT IS HEREBY AGREED THAT:

1. This bond is required under Article 4 Section 109.1-4-7 of The Code of the County of Fairfax, Virginia, for the principal to obtain the above-mentioned CTO for the collection, transportation, and disposal of solid waste in Fairfax County.
2. The principal and surety are jointly and severally liable for the principal’s obligations under Chapter 109.1 and the CTO.
3. The principal and surety agree to compensate, indemnify and hold harmless the Board of Supervisors of Fairfax County, Virginia, as well as any person, firm or corporation, for all fees, charges, expenses, or damages that may be incurred by the principal’s failure to comply with the provisions of Chapter 109.1 and the CTO.
4. The surety agrees to address all routine correspondence and inquiries regarding the bond to Director, Division of Solid Waste Disposal and Resource Recovery, 12000 Government Center Parkway, Suite 458, Fairfax, VA 22035.
5. The official mailing address will be Board of Supervisors, Fairfax County, Virginia, c/o Clerk to the Board of Supervisors at the letterhead address of this Bond.

6. The condition of this bond is that, if the principal shall in every respect perform all of its obligations under Chapter 109.1 and the CTO, the surety will not have any liability under this bond.

7. The liability of the surety hereunder, but not of the principal, will not exceed the amount of this bond.

8. This bond shall be deposited with the Director of the Fairfax County Division of Solid Waste Disposal and Resource Recovery, or designee, and shall be in full force and effect until _____.
(Date)

Signed, sealed, and delivered this _____ day of _____ 20__.

Principal (SEAL)

STATE OF _____, COUNTY OF _____, to wit:-

I, _____, a Notary Public in and for the State and County aforesaid, do certify that _____, the above-named PRINCIPAL, whose name is signed to the writing above bearing date on the _____ day of _____ 20__, has acknowledged the same before me this _____ day of _____ 20__.

Notary Public

My Commission Expires: _____

Notary Registration Number: _____

Signed, sealed, and delivered this _____ day of _____ 20__.

Surety (SEAL)

STATE OF _____, COUNTY OF _____, to wit:-

I, _____, a Notary Public in and for the State and County aforesaid, do certify that _____, the above-named SURETY, whose name is signed to the writing above bearing date on the _____ day of _____ 20__, has acknowledged the same before me this _____ day of _____ 20__.

Notary Public

My Commission Expires: _____

Notary Registration Number: _____

INTEGRITY 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: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ 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

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

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 to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235