

Account Number: _____ Bond Number: _____

Surety Bond – In Lieu of Cash Deposit

KNOW ALL MEN BY THESE PRESENTS _____
Thereinafter called "Principal," and _____,
Thereinafter called "Surety," are firmly bound unto American Electric
Power/South Western Electric Power Company, PO Box 13447, Roanoke, VA 24034,
Attention: Credit and Collections, hereinafter called "Obligee," in the sum of
_____ (\$ _____), for the payment thereof to the
Obligee the Principal binds its heirs, executors, administrators, successors and assigns, and
the Surety binds itself, its administrators, successors and assigns, jointly and severally,
firmly by these presents.

SIGNED, SEALED and DATED this _____ day of _____, 20_____.

WHEREAS, Principal has contracted for and shall receive from Obligee electric service
At his business or establishment located at the following address:

NOW, THEREFORE, the conditions of the foregoing obligation are such that, if the
Principal shall promptly pay for such service upon the respective dates when payment
therefore become due, this obligation shall be void; otherwise, to remain in full force
and effect.

The following conditions are hereby made a part of this bond:

1. The aggregate liability of the Surety for all or any defaults of the Principle hereunder shall not exceed the penal sum of the bond.
2. No extension of time for payment and no waiver of any default by Principal nor any failure to give notice to Surety of nonpayment shall operate to relieve Surety of liability for service rendered while this bond is effective.
3. This bond has no expiry date and continues in full force and effect until cancelled by Surety by giving ninety (90) days prior written notice by certified mail, return receipt requested, addressed to Obligee at the address set forth above, but no such cancellation shall relieve Surety of liability for payment for services rendered by Obligee to Principal prior to the effective date of such cancellation.

Principal (please type or print)

Principal (signature)

Surety

Attorney in Fact

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

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

E-Mail SAM@WWISINC.COM