

Surety Bond - Electric Services

	Dominion Virginia Power
	Bond No.
Witnesseth: This Surety Bond given by:	
as Principal, and	
as Surety, are jointly and severally bound unto Virginia Electric and Corporation, as Obligee, in the amount of:	Power Company, doing business as Dominion Virginia Power, a Virginia
for the payment of which the Principal and Surety bind themselves, representatives.	Dollars (\$) their heirs, executors, administrators, successors, assigns or other legal
Whereas, the said Principal has requested the Obligee to furnish elections at which service may later be desired; and	ctricity to the said Principal at its present location(s) and at such other loca-
Whereas, the said Principal has promised to pay for such electricity at the usually required cash deposit being made by said Principal; and	as provided by the Obligee as billed therefore from time to time, all without
Whereas, the said Obligee has agreed to the foregoing on condition the	at it be indemnified against any loss or account thereof.
any time hereafter be due and owing to the Obliges by the Principal to locations or connections together with all interest, costs and other per this obligation shall be void and of no effect; otherwise it shall be an	cipal shall pay or cause to be paid unto the Obligee all amounts that may at a relectricity furnished by the Obligee, to the Principal at its present or future natities which may accrue by reason of the furnishing of said electricity, then not remain in full force and effect. In addition to all other amounts payable as (including attorney's fees) that Obligee Incurs in the enforcement of the
	sted by (1) any waiver, extension or modification of Principal's obligations to or at any other time; or (2) the failure of Obilgee to notify Surety of nonpayigee.
	Surety company with copies of the applicable unpaid Invoices or business invoice(s) or unpaid amounts. The foregoing documents shall be sent to, below the signature page on this Bond.
	rty (30) days to respond to the request with a payment In full. If all of the ey fails to pay within the thirty (30) day period, a late fee of twelve percent be until paid in full.
terminate its liability hereunder by giving notice in writing to the Obli	onths from the date set forth below, the Surety shall have the right to igee and stating therein the effective date of such termination, which date e Obliges, Such notice shall not limit or terminate this agreement in respect nation by the Surety.

In witness whereof, the Principal and Surety have executed and deliv	ered this bo	nd this day of	
		Principal	
		Ву	(Seal)
Attest:	(Seal)	Title	
		Surety	
		Ву	(Seal)
Attest:	(Seal)	Title	
(Attach Power of Attorney)	•	Mailing Address	•
		Phone Number	
	X		
2,6			

SURETY BOND APPLICATION

AGENCY NAME:		AGENCY CONTACT				
AGENCY PHONE:	AGENCY FA	X:	E-MAIL:			
AGENCY ADDRESS:						
(Street)	LOOKING TO BEAT		(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:				
OBLICEE:			EXP.DA			
OBLIGEE ADDRESS: (Street)						
BUSINESS NAME:		(City)	(State)		(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		_ Client E-mail			
BUSINESS ADDRESS:						
TYPE OF COMPANY CORP LLC	DBA PARTNERSI	(City)	(State)		(Zip)	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		EMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE?		GAINST YOU?		•	YES NO	
HAS APPLICANT EVER FAILED IN BUSINES	BOS TEO INO II HA	S APPLICANT EVE	R FILED BANKRUPTCY	7		
SECTION II: GENERAL INFORMATION						
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(State)			
ADDITIONAL OWNERS / PARTNERS		(City)	(Sidle)		(Zip)	
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
ASSETS	CIALSTATEMENT OF A	UABILITI LIABILITII				
CASH IN BANK	\$	NOTES PAYABLE		\$		
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 \$ CAPITA			CAPITAL STOCK (IF A CORPORATION)			
		SURPLUS & UND	VIDED PROFITS	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES \$				
		NET WORTH		\\$		
NAME OF OWNERS	NAME & TITLE O	F OFFICERS	OFFICERS PERCENTAGE OF OWNERSHIP		<u> </u>	

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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