

Virginia Natural Gas

SURETY BOND TO

VIRGINIA NATURAL GAS

WITNESSETH: This Surety Bond given by _____ as Principal,
and _____, as Surety,
are jointly and severally bound unto Virginia Natural Gas, a Virginia Corporation, as Obligee whose address is
5100 E. Virginia Beach Blvd, Norfolk, Va 23502 in the amount of:
_____\$ Dollars (\$_____) for the payment of
which the Principal and Surety bind themselves, their heirs, executors, administrators, successors, assigns or
other legal representatives.

Whereas, the said Principal has requested the Obligee to furnish gas to the said Principal at his present
location and at such other locations at which service may later be desired; and

Whereas, the said Principal has promised to pay for such gas provided by the Obligee as billed
therefore from time to time, all without the usually required deposit being made by said Principal; and

Whereas, the said Obligee has agreed to the foregoing on condition that it be indemnified against any
lost or account thereof.

NOW, THEREFORE, the condition of the obligation is such that if the Principal shall say or cause to be
paid unto the Obligee all amounts that may at any time hereafter be due and owing to the Obligee by the
Principal for gas furnished by the Obligee to the Principal at his present or future locations or connections
together with all interest and other penalties which may accrue by reason of the furnishing of gas, then this
obligation shall be void and of no affect, otherwise it shall be and remain in full force and virtue.

Right to Terminate, The Surety shall have the right to terminate its liability hereunder at any time by
giving notice in writing to the Obligee and stating therein the effective date of such termination, which date
shall not be less than thirty (30) days after receipt of said notice by the Obligee. Such notice shall not limit or
terminate this agreement in respect to any indoubtedness which arises prior to the effective date of such
termination by the Surety.

IN WITNESS WHEREOF, the Principal and Surety have executed and delivered this bond this
_____ day of _____, 20_____.

(Seal)

Principal

Attest: _____

By _____

(Seal)

Surety

Attest: _____

By _____

(Attach Power of Attorney)

Local Address of Insurance Company _____

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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