

## CAROLINE COUNTY DEPARTMENT OF PUBLIC WORKS

Allen T. Ramsay, Director.

P.O. Box 424, Bowling Green, VA 22427
(804) 633-4386 Fax (804) 633-9558

## PERFORMANCE BOND FOR SEWAGE INSTALLATION WITH SURETY

	WITH SUREII
KNOW ALL MEN BY T	THESE PRESENT, that we, the undersigned,
	as principal(s), and
	as surety, are firmly
bound unto the County of Caroline,	, Virginia, in the penal sum of \$5000.00
	payment of which, well and truly to be made, we hereby
	s, our heirs, executors, administrators, successors and assigns.
The condition of the above	e obligation is such that whereas the said principal(s) did file with
	isposal installation or construction permit in pursuant to Article N
of the Sewage Disposal Ordinance	
Now, therefore, if the said	principal(s) shall well and faithfully comply with said ordinance,
	ims or contracts, that this obligation shall be void, otherwise the
	effect; it being expressly understood and agreed that the liability of
	reunder shall in no event exceed the penal sum of this obligation as
herein stated.	
The said surety, for value r	eceived, hereby stipulates and agrees that no change, extension
of time, alternation or addition to th	ne plans and specifications aforesaid shall in any wise effect its
	hereby waive notice of any such change, extension of time,
alternation or additions.	
In witness whereof, the par	rties hereto have caused this instrument to be executed this
day of	_, 2004.
	SURETY
	SUMET
	BY:
Approved:	(for the Commissioner of the Revenue)
Approved:	(for Public Works)

## SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT		
AGENCY PHONE:	AGENCY FA	AGENCY FAX: 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			ENS, CLAIMS, OR JUDG	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	\$	CAPITAL STOCK (IF A CORPORATION)		\$		
		SURPLUS & UNDIVIDED PROFITS		\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES \$				
		NET WORTH \$				
NAME OF OWNERS	NAME & TITLE O	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