

COMMERCIAL INSTALLER'S BOND AND/OR  
MAINTENANCE SERVICE PROVIDER SPECIALIST'S BOND

KNOW ALL MEN BY THESE PRESENTS: That we, \_\_\_\_\_  
\_\_\_\_\_ of the County of Island, State of

Washington, as Principal, and \_\_\_\_\_,  
a corporation authorized to do surety business in the State of Washington, as Surety, are firmly bound and held unto the State of Washington and Island County and to all persons, their successors and assigns, who may be injured or aggrieved by the wrongful act or default of the Principal in the penal sum of Thirty Thousand and NO/100 Dollars (\$30,000); for which sum, well and truly to be paid, we and each of us bind ourselves and each of our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a Commercial Installer's License and/or Maintenance Service Provider Specialist's License in accordance with the rules and regulations of the Island County Board of Health and is required, pursuant to the provisions of said rules and regulations, to furnish a bond in the penal sum of Thirty Thousand and NO/100 Dollars (\$30,000), conditioned as required by said rules and regulations.

NOW, THEREFORE, the condition of the above obligation is such that if the above bounden Principal, as such Commercial Installer and/or Maintenance Service Provider Specialist, his/her agents and employees, in performing work governed by the rules and regulations of the Island County Board of Health which have been, or may hereafter be established, shall faithfully and truly exercise all reasonable care and skill and comply with all of the obligations, terms and conditions of said rules and regulations, and shall well and truly pay, or cause to be paid, any and all judgments, decrees, damages and costs that may be recovered against the Principal by reason of the negligent or improper work, or breach of contract, of the said Principal or any of his/her agents or employees, or in consequence of any act or omission done by the said Principal or any of his/her agents or employees, by virtue of his/her Commercial Installer's License and/or Maintenance Service Provider Specialist's License or in the conduct of the said Principal's business as a Commercial Installer and/or Maintenance Service Provider Specialist, then this obligation shall be null and void and of no effect, otherwise to remain in full force and effect.

PROVIDED, the aggregate liability hereunder for all causes of action arising during the period for which the bond is written shall not exceed the total sum of Thirty Thousand and NO/100 Dollars, (\$30,000).

PROVIDED FURTHER, that this bond may be cancelled at any time by the Surety by mailing notice to the Island County Board of Health, Courthouse Annex, P.O. Box 5000, Coupeville, Washington, 98239, such cancellation to become effective upon the expiration of thirty (30) days after the receipt by the Island County Board of Health of such notice.

This obligation shall continue in full force and effect until December 31, \_\_\_\_\_  
In any event, this obligation shall continue for a period of three years following  
termination of the Commercial Installer's and/or Maintenance Service Provider  
Specialist's License of the Principal.

IN WITNESS WHEREOF, the said \_\_\_\_\_  
(Principal) has hereunto set its hand and seal and \_\_\_\_\_  
(Surety) has caused this bond to be executed by its duly authorized attorney in fact or  
agent, and its corporate seal hereto affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Surety)

BY: \_\_\_\_\_

Surety Address \_\_\_\_\_  
\_\_\_\_\_

Approved as to Form:

BY: \_\_\_\_\_

## 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 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

**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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**