Department of Labor and Industries Electrical Licensing & Certification PO Box 44460 Olympia WA 98504-4460 www.Lni.wa.gov/tradeslicensing/electrical



## Electrical/Telecommunications Contractor's Bond to The State of Washington

(This form must be typed)

		UBI MASTER LICENSE #
		ELECTRICAL CONTRACTOR #
		BOND #
Firm name as shown on UI	BI Master Business Licen	ise
Corp LLC LLP	Other Corporate Regist	tered Trade Names under the above UBI # at Secretary of State
Partnership	Other Sole Proprietor o	or Partnership registered "Doing Business As" (DBA) Names
Sole Proprietorship  Mailing Address of Firm		
	<u> </u>	
City	State	ZIP + 4 Phone Number
<b>Bonding Agent Inform</b>		
Name of Bonding Compan	У	
Address		
City		State ZIP+4
Phone Number		Contact Name
The bonding company organ	izad and aviating under th	the lower of the state of the s
transact business in the state	of Washington under the	e provision of chapter 19.28 RCW, as surety, are held and firmly bound to a bond in
Washington agree to by takin		ashington. The conditions the principal, bonding company, and the state of bllows:
holder must keep this bond i	n full force and effect. If	mmunications contractor's license under chapter 19.28 RCW et seq., the license any cancellation, revocation, or withdrawal by the surety/bonding company occurs, he as a new bond for \$4,000.00 is provided to the state of Washington.
contributions to the state of V failure of the principal to ma	Washington, and all, dam ke the installation or mai	g employee benefits, and material furnished or used upon the work; taxes and nages that may be sustained by any person, firm, corporation, or other entity due to a intenance in accordance with this chapter or any applicable ordinance, building
code, or regulation of a city	or town adopted pursuant	t to RCW 19.28.010(3).
	•	comply with section (2) above, the principal's electrical /telecommunications new bond is furnished by the license holder.
(4) The bond shall become e Electrical Section may issue bond is to be construed as a		, 20 , and is intended to cover any subsequent periods for which the under the provisions of chapter 19.28 RCW, or any amendments thereof. This til canceled by the surety.
(5) Upon request, the departs	ment will furnish any pers	rson, firm, partnership, corporation, or other entity a certified copy of the bond upon

payment of a fee set by the department by rule.

- (6) Any person, firm or corporation sustaining any damage or injury by reason of the license holder's breach of the conditions mentioned in section (2) above may bring an action against the surety and the contractor. The action shall be brought: (a) in the superior court of any county in which the principal on the bond or assignor of the account resides or transacts business; or (b) in the county in which the work was performed which allegedly caused the breach of the conditions mentioned in (2) above. The action shall be maintained and prosecuted as other civil actions.
- (7) Claims or actions against the surety on the bond shall be paid in full in the following order of priority: (1) labor, including employee benefits; (2) materials and equipment used upon such work; (3) taxes and contributions due to the state; (4) damages sustained by any person, firm, or corporation due to the failure of the principal to make the installation in accordance with the provisions of chapter 19.28. RCW, or any ordinance, building code, or regulation applicable thereto.
- (8) The total liability of the surety on any bond shall not exceed the sum of \$4,000.00 and the surety on the bond shall not be liable for monetary penalties. Any action shall be brought within one year from the completion of the work in which the performance of which the breach is alleged to have occurred. The surety shall mail a conformed copy of the judgment against the bond to the department within seven days of the judgment.
- (9) The surety must give **45 days** written notice to the license holder and to the Department of Labor and Industries Electrical Section prior to cancellation of the bond.

REFERENCES: cnapter					
Dated	_of	, 20 .			
Effective date of bond:		<b>-0</b>			

Note: The department will only accept an original bond document, no copies or faxes.

Bonding Company Seal	Bonding Company				
(required) Attorney-in-Fact for Bonding Company (signature required)					
	Agents Name				
	Address				
	City	State	ZIP + 4		

## SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ	
AGENCY PHONE:	AGENCY FA	<b>X</b> :	E-MAIL:		
AGENCY ADDRESS:					
(Street)	TELOOVING TO DEAT		(City)	(State)	(Zip)
CURRENT OR EXPIRING QUOTE WE AF	RE LOOKING TO BEAT?				
NAME OF PREVIOUS SURETY COMPAN	IY 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  PARTNERS	(City) HIP  HOW MANY (	(State) DWNERS?		(Zip) 
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		SEMENTS	YES 🗆 NO 🗖
BONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINI		SAINST YOU?	7 FU FD DANKDURTOV	·0	YES   NO
TIAG ALT EIGANT EVERT AILED IN BOOM	-00: 123   NO   HA	AS APPLICANT EVE	R FILED BANKRUPTUT	•	
SECTION II: GENERAL INFORMATION	9	SPOUSE NAME			
OWNER'S NAME:SP:	OUSE SS#		ME DHONE:		
RESIDENTIAL ADDRESS:		10	MIL 1 11014L.		
(Street)		(City)	(State)		(Zip)
ADDITIONAL OWNERS / PARTNERS OWNER'S NAME:	5	SPOUSE NAME			
SS#:SP		<del></del>	ME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	ICIALSTATEMENT OF A				
ASSETS CASH IN BANK		LIABILITII NOTES PAYABLE			
CASH IN BANK	\$	NOTES PAYABLE		\$	
STOCKS & BONDS	\$ \$	ACCOUNTS PAYA		\$	
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				\$	<del></del>
O THE TROOP IS	\$	CAPITAL STOCK (IF A CORPORATION) SURPLUS & UNDIVIDED PROFITS		\$	
				<del>                                     </del>	
TOTAL ASSETS	s	TOTAL LIABILITIE	:S	\$	
		NET WORTH		s	
NAME OF OWNERS	NAME & TITLE C	E OFFICERS	PERCENTAGE OF OV		ı
THE OF OTHER	TOTAL GITTLE C	. 31110210			
-					
L			<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.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235