

EROSION CONTROL IMPROVEMENT BOND

**PLAT - COMMERCIAL
DRAINAGE FACILITY CONSTRUCTION**

STATE OF WASHINGTON)
 : ss.
COUNTY OF SNOHOMISH)

BOND NO. _____

We, _____ as principal, and _____ a corporation organized under the laws of the State of _____, and duly authorized to transact business in the State of Washington, as surety, are held and firmly bound unto Snohomish County, State of Washington, in the amount of \$ _____, for the payment of which sum we bind ourselves, and each of our executors, administrators, successors and assigns, jointly and severally.

Now, therefore, the conditions of these obligations are such, that if the principal shall construct and complete all drainage facilities specified in the drainage plan for the project of _____, project file number _____ required under Snohomish County Code and shall abate potential adverse impacts to public and private drainage facilities from the failure to complete the project, then this obligation shall be void; otherwise the obligations set forth herein shall remain in full force and effect.

The obligations set forth herein shall remain in effect until final inspection and construction acceptance by Snohomish County of all drainage facilities specified by the drainage plan, or until the County accepts a performance security in accordance with SCC 30.63A.410 to secure completion of the drainage facilities, PROVIDED that the duration of the obligations set forth herein may be extended by the Director of Snohomish County Planning and Development Services as provided by SCC 30.84.030.

We further agree, that if, during the period this bond is in effect, the Director of Snohomish County Planning and Development Services determines that the principal has failed to install and maintain erosion and sediment control measures or has failed to abate potential adverse impacts from the project on public or private drainage facilities, the Director shall notify the principal and specify a period of time within which the principal shall cure the unsatisfactory performance, or perform corrective work as required. If this work is not performed by the principal within the time specified or in a manner acceptable to the Director, the security amount shall be forfeited and the surety shall, at the option of the Director, either pay the security amount to the County upon demand or complete the work according to the County's terms and conditions. The amount demanded by the Director or his designee shall be a good faith estimate of the actual cost of completion of the drainage facilities and/or the abatement of adverse impacts to public and private drainage facilities.

We further agree that if it is necessary for Snohomish County to take any legal action against any signatory to this agreement to assure the proper completion of this project, Snohomish County will be entitled to its reasonable costs and attorney's fees.

It shall be the responsibility of both the principal and the surety to inform Snohomish County Planning and Development Services if they change addresses. Change of addresses should be mailed to Snohomish County Planning and Development Services, 3000 Rockefeller, M/S 604, Everett, WA 98201. The county will mail only to the last known address of principal and surety.

Signed this _____ day of _____, _____.

Principal

Name of Surety

Address

Address

City, State, Zip

City, State, Zip

Phone Number: _____

Phone Number: _____

Signature of Principal

Signature of Surety Official

Please Print Name & Title

Please Print Name & Title

Accepted by Snohomish County this _____ day of _____, _____.

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	\$
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 **Toll Free: (888) 518-8011**
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E-Mail SAM@WWISINC.COM