

BOND

Updated 7/15/07

PIERCE COUNTY APPLICATION/PERMIT NUMBER _____ SERIAL NUMBER _____.

I/we _____, as Principal,

and _____ as Surety, are held and firmly bound unto Pierce County, a political subdivision of the State of Washington, as Obligee, hereinafter referred to as the County, in the full and just sum of \$ _____ (minimum \$5,000), the payment of which to be made we do bind ourselves, successors, and assigns firmly by these presents.

The purpose of this Bond is to secure the completion and approval of the following requirements. Please check the applicable box(s).

Resource Management ^{1.}	Current Planning ^{1.}	Development Engineering ^{1.}
<input type="checkbox"/> wetland installation ^{2.} <input type="checkbox"/> wetland monitoring ^{2.} <input type="checkbox"/> reforestation <input type="checkbox"/> other: _____	<input type="checkbox"/> landscaping <input type="checkbox"/> park/playground <input type="checkbox"/> fencing <input type="checkbox"/> street trees <input type="checkbox"/> other: _____	<input type="checkbox"/> reclamation ^{2.} <input type="checkbox"/> construction ^{2.} <input type="checkbox"/> 18-month ^{2.} <input type="checkbox"/> street lights ^{2.} <input type="checkbox"/> temporary approach ^{2.} <input type="checkbox"/> expedited bonding for plats ^{2.} <input type="checkbox"/> sidewalks ^{2.} <input type="checkbox"/> other: _____
Fire Prevention ^{1.}		
<input type="checkbox"/> fire hydrant (s) <input type="checkbox"/> water system (s)		

Note: 1. Individual sections must be bonded separately.
2. These requirements must be bonded separately.

The requirements will be met or the work performed in accordance with the applicable County ordinance(s), approvals, permits, mitigation and/or approved plans.

The Principal is developing a certain parcel(s) of land in unincorporated Pierce County, in Section _____, Township _____, Range _____, W.M.,

development known as: _____.

The County requires that a good and sufficient bond be furnished by said Principal guaranteeing the satisfactory completion of said requirements or work. The condition of this obligation is such that said Principal shall complete said requirements and perform work to the satisfaction of the County. This obligation shall remain in full force and effect until a written release is received from Pierce County.

Upon failure of the Principal to complete the requirements or work, the Surety shall, within 60 days of receiving notice of Principal's failure make a written commitment to Pierce County that it will (a) cure the default to the satisfaction of the County within a time period agreed to by the Surety and the County, or (b) tender to the County the full amount of the Bond.

Should the Surety elect option (b), then upon completion of the requirements or work and acceptance of such requirements or work by the County, the County shall, after acceptance of any warranty, monitoring, or other ordinance requirements, return any excess to the Surety.

The obligations of the Surety and Principal shall not be discharged and shall remain in effect in the event of any extension of time for the Principal's performance of the requirements or work, including amendments thereto. The Surety hereby waives notice of any extensions or amendments.

The Principal's obligation to perform the requirements or work or pay fees and other amounts is not limited to the amount of this Bond.

No right of action shall accrue hereunder to or for the use of any persons, firm or corporation other than the County. In the event that this project becomes part of an incorporated area, Pierce County may transfer its rights and obligations under this Bond to any successor jurisdiction. Notice of the transfer will be mailed to the last known address of the Principal and Surety.

If this financial guarantee is collected for any reason, Pierce County will not accept subsequent financial guarantees from the above-named Principal.

Dated this _____ day of _____, 20_____.

PRINCIPAL

SURETY

Print Name of Company

Print Name of Principal

Address

City State Zip

()

Telephone Number

Name of Surety

Address

City State Zip

()

Telephone Number

Signature of Principal

Signature of Surety

Attach Power of Attorney Form to Bond

LOCAL AGENCY

Name of Local Agency

Address

City State Zip

()

Telephone Number



DO NOT FAX THIS FORM
ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED

QUESTIONS/COMMENTS
PLEASE CONTACT
KAREN JENICEK
253.798.3677

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
2424 W. Missouri AVE
Phoenix, AZ 85015
E-Mail SAM@WWISINC.COM

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Local (602) 749-0702
Fax: (602) 674-8235