UTILITY SERVICE GUARANTY BOND

AMOUNT \$	UTILITY ACCOUNT NO
	SERVICE NAME
Principal, andh Utilities, hereinafter called obligee, in sum well and truly to be made, we the	E PRESENTS, that
	is requested and the Obligee has agreed to furnish utility service of the premises located at pursuant to tions for such service; and
made by the Principal to secure paym	illing to accept this Bond in lieu of securing a cash deposit to be tent for the service to be furnished at such premises, or at any ncipal may receive utility service from the Obligee.
	Principal shall pay the full amount of all sums that become due be void; otherwise to be and to remain in full force and effect.
under this Bond by first serving thirty	IE Surety herein may, if it so elects, terminate its obligation y (30) days written notice of its intention to do so upon the
Obligee at: <u>1411 E. MISSION AVE.</u> Sliable after the termination date for all	SPOKANE, WA 99202, but the Surety shall nevertheless remain ny and all indebtedness of the Principal to the Obligee accrued the the Principal fails to pay when payment becomes due.
Surety's liability shall not exceed the part of SIGNED, SEALED AND DE	penal sum of the bond.
SIGNED, SEALED AND DE	LIVERED this,
Local Agent for Surety	Principal
	By:
Street Address	
City, State, Zip Code	Surety
Telephone (Area Code) (Telephone)	By: Attorney-in-fact

Bond forms change; this is for educational purposes only

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ	
AGENCY PHONE:	AGENCY FA	X :			
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			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	\$		E INCOME TAX DUE	\$	
NOTES RECEIVABLE	\$	ALL OTHER TAXES		\$	
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.		\$	
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPM		\$	
EQUIPMENT	\$	DUE ON REAL ES		\$	
REAL ESTATE	\$	OTHER LIABILITIES		\$	
OTHER ASSETS		-		\$	
O THE TROOP IS	\$	CAPITAL STOCK (IF A CORPORATION) SURPLUS & UNDIVIDED PROFITS		\$	
				 	
TOTAL ASSETS	s	\$ TOTAL LIABILITIES		\$	
		NET WORTH		s	
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP	
THE OF OTHER	TOTAL GITTLE C	. 51110210			
-					
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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