

City of West Allis
Department of Building inspections
7525 W. Greenfield Ave.
West Allis, WI 53214
(414)302-8400

ELECTRICAL CONTRACTOR BOND

Know all men by these presents, that we, _____
(Name & Address of Principal)

as principal, representing _____, and
(Name of Electrical Contractor or Company)

_____ a corporation organized and existing under and
(Name of Surety)

by virtue of the laws of the State of _____, and having its principal office in
_____. and duly qualified as a surety company under the laws of the State of
(City & State)

_____. as surety, are firmly bound to the City of West Allis, a municipal corporation
under the laws of the State of Wisconsin, in the amount of \$5,000, lawful money of the United States of
America, for the payment of which sum, truly to be made, we and each of us bind ourselves and our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

The condition of this obligation is such that:

The principal has been duly licensed as an electrician for all or a portion of the license period of
September 1, 2005 to August 31, 2007 in accordance with the provisions of chapter 14, Electrical Code,
of the Revised Municipal Code of the City of West Allis and is entitled to perform the work of an
electrician, therefore:

- A. If the principal shall faithfully comply with all requirements, specifications and instructions of the Electrical Inspector and all requirements of the code and ordinances of the City of West Allis, pertaining to the mentioned work which a licensed electrician is entitled to perform; or,
- B. If the principal shall indemnify the City of West Allis and its officials and employees from any claims, damages, liabilities, losses, actions, suits or judgments that maybe presented, sustained, brought or obtained against the City of West Allis or any of its officials or employees because of the work performed under that license, or by reason of any accidents caused by or resulting from it; or,
- C. If the principal shall faithfully satisfy all judgments based on tort liability that are obtained by reason of negligence in the work performed under that license for which the principal is responsible;

Then this obligation shall be void; otherwise it shall be and remain in full force. The term of this bond shall be concurrent with the license for which it is issued, expiring at 1 1:5 9 p.m., on August 31, 2007.

However, this obligation shall remain in full force until the surety shall exercise the option to cancel it by filing at any time with the Building Inspector of the City of West Allis a 30-day notice of its desire to be relieved of liability. But, such cancellation or termination shall not discharge the surety from any liability already accrued under this obligation or any liability that shall accrue before the expiration of the 30-day period.

The aggregate liability of the Surety for all or any default of the Principal shall in no event exceed the penalty of this bond.

In witness, the principal and the surety have executed these presents on _____, 20__

Print/Type Principal Name

Surety Business Name

Print/Type Principal Address

Surety Address

Print/Type Principal City/State/Zip

Surety City, State, Zip

Principal Phone Number

Surety Phone Number

Principal Signature

Surety Signature

Title

(seal)

Official Use Only

Approved Building Inspection Date

Approved as to form on _____, 2006.

City-Attorney

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM