

**Instructions to complete Surety Bond form:**

1. Type social security or tax identification number.
2. If incorporated, apply impression of corporate seal.  
*Note:* The corporate seal must agree with the corporation's name on the Surety Bond. If there is no corporate seal, please indicate and write "NONE" in the designated space.  
If a limited partnership, provide active name and signature of the general partner.
3. Type date the Surety Bond is to be signed on the Power of Attorney (usually the last date on the form).  
*Note:* This date must agree with the Notary Certificate date for the Surety signature.
4. Have Corporate Officer sign the Surety Bond and enter title of signatory.
5. Notarize the Corporate Officer's signature.  
*Note:* Do not alter name or date of Notary Certificate.
6. Apply impression of notary seal.  
*Note:* The seal must contain the name of Notary Public.
7. Submit Surety Bond to insurance company for completion.  
*The Surety Company selected must be rated C- (per Weiss Ratings, Inc.) or higher for FPL's acceptance. In addition, this rating is monitored to ensure that this minimum rating is maintained throughout the life of your bond.*

Upon receipt of Surety Bond and Power of Attorney from Insurance/Surety Company, retain triplicate copy and return original to: FPL, Attention: Deposit Administration, 9250 W. Flagler Street, Miami, FL 33174 or FPL, P. O. Box 025209, Miami, FL 33102. With the Surety Bond and Power of Attorney, include a contact name and telephone number in case there are any questions about the bond.

SAMPLE  
INTEGRITYBONDS.COM

District: \_\_\_\_\_  
Bond # \_\_\_\_\_

Master Account No.: \_\_\_\_\_  
Service Address: \_\_\_\_\_

**Various Service Addresses**

Principal's Social Security No. or Tax I.D. \_\_\_\_\_

**SURETY BOND**

**KNOW ALL PERSONS BY THESE PRESENTS:**

THAT WE, \_\_\_\_\_ as Principal at (mailing address) \_\_\_\_\_ and \_\_\_\_\_, a surety company at (mailing address) \_\_\_\_\_

authorized to do business in the State of Florida, as Surety are held and firmly bound to Florida Power & Light Company, a corporation organized and existing under the laws of the State of Florida, its successors and assigns, in the amount of \_\_\_\_\_ dollars (\_\_\_\_\_), lawful money of the United States of America for the payment of which the Principal and Surety, their heirs, executors, administrators, successors and assigns are hereby jointly and severally bound.

WHEREAS, pursuant to its authorized General Rules and Regulations for Electric Service, Florida Power & Light Company requires the Principal to establish credit for prompt payment of its monthly utility bills, and Principal and Florida Power & Light Company agree that Principal may do so by furnishing this surety bond for prompt payment of the monthly utility bills to be rendered by Florida Power & Light Company;

NOW THEREFORE, the condition of this obligation is such that if the Principal shall promptly pay all amounts which may be due by Principal to Florida Power & Light Company for utility services in the Principal's name at any or all premises, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums which shall be payable or paid, the Surety shall not be liable thereunder for a larger amount, in the aggregate, than the amount of this bond, unless suit must be brought for enforcement of the within obligations in which case the Surety will also be liable for all costs in connection therewith and reasonable attorneys' fees, including costs of and fees for appeals; and

PROVIDED FURTHER, that should the Surety so elect, this bond may be canceled by the Surety as to subsequent liability by giving thirty (30) days notice in writing by certified mail-return receipt requested to Florida Power & Light Company at P.O. Box 025209, Miami, Florida 33102-5209. **The notice of cancellation shall not be effective unless it includes the Principal's name and "Master Account Number" written thereon.**

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal \_\_\_\_\_

By \_\_\_\_\_

**CORPORATE SEAL (Principal)**

Title \_\_\_\_\_  
(Corporate officer, partner or general partner of limited partnership)

**NOTARY SEAL (Principal)**

**NOTARY CERTIFICATE-PRINCIPAL SIGNATURE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO and SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Surety \_\_\_\_\_

**CORPORATE SEAL (Surety)**

By \_\_\_\_\_  
(Designated in attached Power of Attorney. If not Florida resident, countersigned below)

**NOTARY SEAL (Surety)**

**NOTARY CERTIFICATE-SURETY SIGNATURE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO and SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Countersigned By: \_\_\_\_\_  
(Florida Resident Agent)

\_\_\_\_\_  
(Florida Resident Agent's Address)

(\_\_\_\_\_) \_\_\_\_\_  
(Florida Resident Agent's Phone Number)

\_\_\_\_\_  
(County) \_\_\_\_\_ Florida, \_\_\_\_\_  
(Zip)

# INTEGRITY 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: \_\_\_\_\_ EFF.DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_

OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SECTION II: GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: \_\_\_\_\_ 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

**IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:**

**SECTION III: ADDITIONAL OWNERS / PARTNERS**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

**Integrity Bonds Inc**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**