



# Commercial Surety Bond

ACCOUNT # \_\_\_\_\_

Bond \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF ORANGE

KNOW ALL MEN BY THESE PRESENT, that we \_\_\_\_\_  
*Customer Name*

of \_\_\_\_\_

\_\_\_\_\_  
*Customer Service Address(s) To Be Insured*

Principal (hereinafter called "Principal" and \_\_\_\_\_  
*Surety Company Name*

of \_\_\_\_\_  
*Complete Mailing Address of Surety Company*

As Surety, (hereinafter called "Surety"), are held and firmly bound unto ORLANDO UTILITIES COMMISSION, Orlando, Florida, in the sum of \_\_\_\_\_ **DOLLARS**, for payment of which, well truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents; and

WHEREAS, the Principal has entered into an Electric and/or Water Service Contract, which also covers all other charges that the Orlando Utilities Commission, Commercial Services at P.O. Box 3193, Orlando, Florida 32802 is authorized to collect on or as of the effective date of this bond.

NOW, THEREFORE, in consideration of the premises, if the above named Principal shall promptly pay to ORLANDO UTILITIES COMMISSION, Orlando, Florida, all bills for electricity and/or water, and/or sanitation charges, sewer charges and taxes, if any, on any of these services, or for any appliances used in connection with same, or for any material of any kind purchased from or services rendered by said Commission, together with all penalties and interest thereon, and shall pay all costs of collection of such charges and of enforcement of performance of such contract, including a reasonable attorney's fee if placed in the hands of an attorney in case of default thereunder, and shall generally faithfully comply with the provisions of said contract, then this obligation shall be null and void; otherwise to remain in full force and effect.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the term of this Bond shall be indefinite.
2. That the Surety company reserves the right to cancel this Bond by giving sixty days (60) days written notice via certified return mail to the said Principal and ORLANDO UTILITIES COMMISSION, Commercial Services, P.O. Box 3193, Orlando, Florida 32802.
3. \_\_\_\_\_ Principal, and ORLANDO UTILITIES COMMISSION, Commercial Services, P.O. Box 3193, Orlando, Florida 32802, is aware that upon receipt of such cancellation notice the Surety is discharged and relieved of any liability accruing hereunder, it being understood and agreed, however, that the said Principal and Surety will be liable for all utility bills and together with all other charges accruing up to the effective date of said cancellation notice, including costs of collection of any amounts due under said contract and of enforcement of performance thereof, as herein described, in no event, however in excess of the penalty of this Bond. The said \_\_\_\_\_, Principal continues to be responsible for all liabilities including costs of collection.

SIGNED, SEALED AND DATED this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Surety*

\_\_\_\_\_  
*Principal*

\_\_\_\_\_  
*Attorney-In-Fact*

\_\_\_\_\_  
*Corporate Officer's Signature*

Attest: \_\_\_\_\_

\_\_\_\_\_  
*Florida Resident Agent & Lic. #*

Attest: \_\_\_\_\_

# 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**

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