

## WORLD WIDE BONDING AGENCY

2846 WILLIAM STREET BUFFALO NEW YORK 14227 PH: 888-681-7685 ~ FAX: 716-681-7683 www.wwbagency.com wwbasurety@wwbagency.com

## **New York Niagara Mohawk Power Surety Bond Application**

Steps: 1.) Fill out Application 2.) Save File/Print 3.) Send to email or fax information listed above CONTACT INFORMATION

CONTACT INFORMATION									
Contact Name (If insurance agent, please include Agency Name)			Applican	t 🔲 1	Insurance Age	ent 🔲	Attorney	Other	
Email Address				Phone Number		7	Fax Numb	er	
APPLICANT INFORMATION									
Applicant or Business Name (Exactly as shown on License)			Sole Ownership Corporation Partnership LLC or LLP						
Business Street Address				City		State		Zip	
Do you have or need other bonds?				Effective Date Bond Amount					
Please indicate any ownership changes in the last 12 months:				Obligee (Owner requiring the bond) AND Obligee Address					
Previous Surety? If yes, provide Surety below.				Reason for changing Surety					
Had any lawsuits or judgments against them? Yes No Ever had their license suspended, revoked or denied? Yes No Ever failed in business or declared Bankruptcy? Yes No Ever been party to a surety bond claim? Yes No Ever been convicted of a crime? Yes No Ever had a bond declined or cancelled? Yes No PERSONAL INFORMATION – Owner #1									
First Name	Middle Last Nan		Last Name	ame		Social Security Number		☐ Single ☐ Married	
Resident Street Address			City		State		Zip		
# of years you have owned this business # of years experience			perience	1	% Ownership Phone		Phone Nu	Number	
Value of Primary Residence				Balance of Mortgage					
PERSONAL INFORMATION – Owner #2 (if applicable)									
First Name			Last Name	Last Name		Social Security Number		Single Married	
Resident Street Address			City	State			Zip		
# of years you have owned this business # of years experien			perience	% Ownership Phone Number					
Value of Primary Residence				Balance of Mortgage					

PERSONAL INFORMATION – Owner #3 (if applicable) First Name Middle Last Name Social Security Number ☐ Single ☐ Married Resident Street Address City State Zip # of years you have owned this business # of years experience % Ownership Phone Number Value of Primary Residence Balance of Mortgage PERSONAL INFORMATION - Owner #4 (if applicable) First Name Middle Last Name Social Security Number ☐ Single ☐ Married Resident Street Address City State Zip # of years you have owned this business % Ownership Phone Number # of years experience Value of Primary Residence Balance of Mortgage PERSONAL INFORMATION - Owner #5 (if applicable) First Name Middle Last Name Social Security Number ☐ Single ☐ Married Resident Street Address City State Zip # of years you have owned this business # of years experience % Ownership Phone Number Value of Primary Residence Balance of Mortgage **TERMS OF SERVICE** Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.

I acknowledge that I have read and agree to the above Terms of Service on the following date: