

## **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 (CITY OF BUFFALO) HEATING CONTRACTOR BOND APPLICATION

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

		С	ONTACT IN	NFORMATION	1					
Contact Name (If insurance agent, please include Agency Name)				Applicar	t [	Insurance Ag	ent	Attorney	Other	
Email Address				Phone Number Fax Number						
APPLICANT INFORMATION										
Applicant or Business Name (Exa	<u>actly</u> as shown on Li	cense)		Sole Own	ership	Corporatio	n	Partnership	LLC or LLP	
Business Street Address				City		State		Zip		
Do you have or need other bonds?				Effective Date	Effective Date Bond Amount					
Please indicate any ownership changes in the last 12 months:				Obligee (Own	Obligee (Owner requiring the bond) AND Obligee Address					
Previous Surety? If yes, provide Surety below.				Reason for ch	Reason for changing Surety					
Has the business or any of the ov Had any lawsuits or ji Ever failed in busines Ever been convicted of	Ever had their license suspended, revoked or denied? Yes No Ever been party to a surety bond claim? Yes No Ever had a bond declined or cancelled? Yes No									
	ļ	PERSONAL	INFORMA	TION – Owne	er #1					
First Name	Middle Last Name		Social Security Number			er	☐ Single ☐ Married			
Resident Street Address			City		State	,	Zip			
# of years you have owned this business # of years experience		perience		% Ownership Phono		Phone	e Number			
Value of Primary Residence			Balance of Mortgage							
		PERSONAL	. INFORMA	TION – Owne	er #2 (if	f applicable)				
First Name			_	Social Security Number		er Single Married				
Resident Street Address			City		State		Zip			
# of years you have owned this business # of years e			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: