

2024 PLUMBING SURETY BOND

Owner Info:	Legal Company Name (Print):	
	Mailing Address:	
	Mailing Address 2:	
	City, State, Zip:	

As Principal, and Surety Company _

are held and firmly bound unto the District Board of Health, Warren County, State of Ohio, in the sum of five Thousand Dollars (\$5,000.00) to be paid to said District Board of Health, for payment whereof well and truly to be made, we jointly and severally bind ourselves respectively and our heirs, executors, and administrators. THE CONDITION OF THIS BOND IS SUCH THAT, WHEREAS, THE said Principal is engaged in the plumbing business in said Warren County, Ohio, Combined Health District and such bond is for a period ending December 31, 20__, subject to the provisions of the rules and regulations for installation and inspection of plumbing work in said Warren County Ohio Combined Health District, now in effect and which may hereafter be enacted or adopted. If the said Principal shall reimburse the said Warren County District Board of Health of Ohio, for all actual damages caused by any act or omission of said Principal while doing plumbing work in said District during said period to any property in said District and shall indemnify and hold said District Board of Health of Warren County free and harmless from all claims for damages on account of negligence or misfeasance of said Principal during said period, and from all cost and expense growing out of the defense of said claims, then this obligation shall be void and of no effect; otherwise to be and remain in full force, effect and virtue.

WITNESS THE HANDS OF THE PARTIES, this, the	_ day of	, 20
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Company Owner/Representative Name (required – print name)

Signature of Owner/Representative (required)

Surety Company Name:

Mailing Address: City, State, Zip:

ony, State, Zip

Surety Company Phone:

Insurance Agent Name (required – print name)

Instructions for Preparation:

1. Impress/affix Seal of Surety Company

2. Make sure Principal (contractor company representative) signs in appropriate section.

3. No DBAs

Insurance Agent Signature (required)

(Place Bonding Corporation Seal Above)