

Bond Number _____

**CARROLL COUNTY GENERAL HEALTH DISTRICT
2010 REGISTRATION BOND FOR SEWAGE TREATMENT INSTALLER**

KNOWN ALL MEN BY THESE PRESENTS:

Check one, whether owned by
____individual____partnership
____corporation

That we, _____, located in _____

State of _____, as **Principal**, and

_____, a Surety Company duly authorized to do business in the State of Ohio and whose principal office is located in the State of _____, as **Surety**, are held and firmly bound unto an aggrieved party, **Obligee**, in the sum of **Twenty-five thousand (25,000.00) dollars**, lawful money of the United States, to the payment of which is to be made as provided below, Principal and Surety hereby bind to ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Signed, sealed and dates this _____ day of _____, _____

WHEREAS, the above Principal has applied to the Carroll County General Health District as established under Ohio Revised Code Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system installer in the County of Carroll as provided in Resolution 101 of the Carroll County Sewage Treatment System Regulations, **such registration expiring on the 31st day of December 2010.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the installation, alteration, repair, or abandonment of sewage treatment systems and any amendments thereto, and shall save and keep harmless the Carroll County General Health District and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal, then this obligation shall be null and void, otherwise to remain in full force and effect until December 31, 2010.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Board of Health thirty (30) days prior to the effective date of cancellation. The Principal shall then notify the Board of Health of the cancellation of the bond, and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the

Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.

2. The aggregate of liability of the Surety Company shall in no event exceed the the sum of this Bond (\$25,000.00), regardless of the number of claims that may be filed hereunder. The sum of twenty-five thousand dollars (\$25,000.00)for this bond shall be available for payment of violations for the 2010 registration year.
3. This Bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of Resolution 101 of the Carroll County General Health District's regulations.

Company Name (Principal)

Company Representative of applicant's name (signature)

Surety Company Name

Surety Company Address

City, State, & Zip Code

Surety Company Telephone

Attorney-in-Fact or Insurance Agent (signature)

Instructions:

1. Impress seal of Surety Company
2. Attach Power-of-Attorney form for Attorney-in-Fact