2020 Registration Bond
Commercial Plumbing Contractor

Bond #______________

KNOW ALL MEN BY THESE PRESENTS, That we __________________________________________________________________________

Whether owned by: (check one) Individual Partnership Corporation

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, The Board of Health of Morrow County, Ohio, as Obligee, in the sum of TEN-THOUSAND AND NO/100 DOLLARS ($10,000.00), 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 dated this ________________ day of ________________ (month), ________________ (year)

WHEREAS, the above Principal has or is about to apply to said Obligee for a registration to engage in and practice the business of commercial plumbing, for the term commencing: ________________ and ending ________________ December 31, 2020.

NOW THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all local rules and state laws relating to the installation, alteration and repair of commercial plumbing, and any amendments thereto, and shall save and keep harmless the County of Morrow and any person who may be aggrieved by the violation of any of the aforesaid local rules and state laws 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, 2020.

Principal: ________________________________ Company Name Company

By: ________________________________ Representative (signature) Surety

Surety: By: ________________________________ Company Name

________________________________________ Attorney-in-Fact or Insurance Agent (signature)