



**Clermont County Public Health**

Prevent. Promote. Protect.

**BOND #** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**, that we, the undersigned, \_\_\_\_\_, as Principal, and \_\_\_\_\_ as Surety, are hereby held and firmly bound unto the Board of Health of Clermont County Public Health of Clermont County, Ohio, in the penal sum of Ten Thousand Dollars (\$10,000.00) for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

**THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, THAT, WHEREAS**, the above named principal has registered with the Board of Health of Clermont County Public Health, to install and repair plumbing within the territory of Clermont County Public Health with registration becoming effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOW**, if the said principal shall well and faithfully do and perform all installation and repair of plumbing in accordance with all permits issued to him by Clermont County Public Health and conforms to any and all rules and regulations and orders of Clermont County Public Health and the building and plumbing codes of the State of Ohio and County of Clermont and completes installation and repair of all work undertaken, and if said Principal shall indemnify and hold harmless Clermont County Public Health, the Board of Health of Clermont County Public Health, and its employees from all claims for loss and damage that may result in any way by way of accident, negligence, nonfeasance, or lack of care, skill or attention on his part or on the part of anyone in his employment in the installation and repair of plumbing undertaken by him, including all costs and expense arising from the defense of said claims; then this obligation shall be void; otherwise, the same shall remain in full force and effect.

The aggregate liability of the surety for any and all claims hereunder shall be in no event exceeds the penal amount of this obligation as herein stated.

The bond shall begin \_\_\_\_\_, 20\_\_\_\_, and continue until canceled. This bond may be canceled as to future liability by the surety upon thirty (30) days written notice to the Board of Health of Clermont County Public Health. 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 the principal covered by this bond up to the date of cancellation.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal Witnesses:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

Surety Witnesses:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

By: \_\_\_\_\_  
Surety Representative Signature

Reviewed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **Completing Bond Forms**

The Clermont County Public Health requires a blanket performance bond of \$10,000 for plumbing contractors. All Clermont County Public Health bonds must be submitted on Clermont County Public Health's bond form. The power of attorney provided from the insurance company must provide the designated representative authority to enter into any and all bonds on behalf of the company. This allows for quick approval of the bonds by Public Health staff and eliminates any confusion on the type of bond being issued and/or requested.

Please make sure the bond form is complete. The company or person's name must be printed as they will register, i.e., Joe Public, dba Public Plumbing Company. Two witness signatures are required for each signature. **Please be sure to attach the power of attorney and certificate of compliance** (insurance company's authorization to do business in Ohio). If you have any questions please feel free to contact us at (513)732-7499.