

STATE OF GEORGIA
DEPARTMENT OF COMMUNITY HEALTH
LONG-TERM CARE FACILITY RESIDENTS' FUND BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____
Owner/representative of _____
Name of Long-Term Care Facility

as principal, and the

Name of Insurance Company Address
as surety, hereby bind ourselves unto the Commissioner of Community Health of the State of Georgia in the penal sum of _____ (_____), the payment of which we bind ourselves, our heirs, executors, administrators, and assigns, for the benefit and use of the residents of said facility who deposit, or have deposited or managed for them, residents' funds as provided for in O.C.G.A. The liability of the surety for any and all losses incurred under this bond shall not exceed the stated penal sum.

THE CONDITIONS OF THIS BOND ARE SUCH THAT, if the Principal faithfully accounts for all residents' fund so received or managed, and disburses or expends such funds only as requested or required under the provision of O.C.G.A., then this obligation shall be void otherwise to remain in full force and effect.

This obligation may be canceled by said Surety by giving thirty (30) days notice in writing of its intention to do so to said Principal and the Department of Community Health, Healthcare Facilities Regulation Division, Two Peachtree Street, Suite 447, Atlanta, GA 30303, and the Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said Notice by the Principal and the Department of Community Health; provided however, that the Surety shall not be discharged from any liability already accrued.

IN WITNESS WHEREOF, the Principal has caused these presents to be executed by affixing hereto his/her signature, and the Surety has caused these presents to be executed by the signature of its **Attorney-in-Fact** of Surety.

Corporate seal to be affixed hereto, this _____ day of _____.

(Surety Corporate Seal)

PRINCIPAL

(NOTE: Attach to this bond a properly certified copy of a power of attorney for the

SURETY

Agent or attorney-in-fact who executes the Bond on behalf of the Surety.)

BY: _____

ATTORNEY-IN-FACT

"The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence."