

STATE OF IDAHO
SUBSURFACE SEWAGE DISPOSAL INSTALLER BOND

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,

_____ as Principal, and

_____ (name of Surety company), with its

principal office at _____, as Surety, are held and firmly bound unto the STATE OF IDAHO, DIRECTOR, DEPARTMENT OF HEALTH AND WELFARE, OR HIS DESIGNEE, As Obligee, in the sum of _____ (_____), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS _____ day of _____, _____.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS Principal is desirous of obtaining and retaining a license from the DIRECTOR, DEPARTMENT OF HEALTH & WELFARE, OR IS DESIGNEE OF THE STATE OF IDAHO, Obligee, to carry on the business as a Subsurface Sewage Disposal System Installer, in all counties of the State of Idaho commencing on the _____ day of _____, _____.

NOW THEREFORE, If Principal shall, during the period commencing on the aforesaid date, faithfully observe and honestly comply with such Ordinance, Rules and Regulations, and any Amendments thereto, as require the execution of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

PROVIDED HOWEVER, that the aggregate liability of the Surety for all breaches of the conditions of this bond, whether occurring during the period of the original license or any and all renewals thereof, shall, in no event, exceed the sum of this bond.

THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license issued to the Principal above named, but not beyond **December 31,** _____, or sixty days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and cancelled. Provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination and that the maximum liability of the Surety on the bond, regardless of the number of claims filed against the bond shall not exceed the sum of _____ Dollars (_____).

This bond may be extended for a further term by the issuance of a continuation Certificate signed by the Surety and mailed to the District Health Office at the following address.
Cancellation notice will be mailed to the District Health Office at:

By: _____ Principal

(name of Surety company)

COUNTERSIGNED: By: _____ Attorney-in-fact

Idaho Resident Agent