

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PLUMBING CONTRACTOR
SURETY BOND**

055 -

Illinois Plumbing Contractor Registration
Number *(If Renewal, Must Be Completed)*

Bond Number *(Required)*

KNOW ALL PERSONS BY THESE PRESENT, that _____
(Company name, or if none the Principal's name)

(Plumbing Contractor Address) City State ZIP Telephone No. _____
as principal, and _____
Surety Company Name

(Surety Company Address) City State ZIP Telephone No. _____

a corporation licensed to do business in the state of Illinois, as Surety, are jointly and severally held and firmly bound to the state of Illinois, as Oblige, in the sum of TWENTY THOUSAND DOLLARS (\$20,000) for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

WHEREAS, a registration has been issued by the Oblige to the responsible plumbing contractor named above; and WHEREAS, Illinois Statutes, section 894.20, requires a bond for all plumbing work entered into within the state.

NOW, THEREFORE, the condition of this obligation is such that, if undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing codes as required pursuant to Illinois Rules, Part 894, then this obligation shall be null and void. Otherwise, it shall remain in full force and effect until its stated expiration date. The period of this bond is _____ through September 30, _____.

During the term of this obligation, the Principal and Surety will pay unto the Oblige, or as otherwise directed by the Oblige, the amount needed to correct noncomplying plumbing work, not to exceed TWENTY THOUSAND DOLLARS (\$20,000) for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the Illinois Plumbing Code, Illinois Rules, Chapter 894.

FURTHERMORE, it is understood and agreed that:

1. The aggregate liability of the Surety hereunder pertains to all claims arising during the period defined above.
2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond paid by the undersigned Surety does not relieve the undersigned Principal of liability for correcting noncomplying work by said Principal or persons working under said Principal's supervision.
3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least 15 days written notice to the Department of Public Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the 15 day notice period.

Signed and sealed this ____ day of _____, _____. Surety Corp _____

By _____
Original Signature of **Attorney in Fact**

Print Name of Plumber of Record

Original Signature of **Plumber of Record**

Print Name of Owner or Officer of Corporation

Original Signature of **Owner or Officer of Corp.**

Notarization of these signatures must be completed (see reverse side)

Everyone must complete A or B... and C if no Power of Attorney is attached.

A. Acknowledgment of Individual or Partnership Contractor

State of Illinois)
)Ss.
County of _____)

On this _____ day of _____, _____, personally came _____ to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.

_____/_____/_____
Notary Public Date

My commission expires: _____/_____/_____
Date

(SEAL)

B. Acknowledgment of Corporate Contractor

State of Illinois)
)Ss.
County of _____)

On this _____ day of _____, _____, personally came _____ who being by me personally sworn, did say that he/she is _____ of _____, a _____ corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said instrument to be the free act and deed of the corporation.

_____/_____/_____
Notary Public Date

My commission expires: _____/_____/_____
Date

(SEAL)

C. Acknowledgment of Surety Company's Agent

State of Illinois)
)Ss.
County of _____)

On this _____ day of _____, _____, personally came _____ and _____ to me personally known, who being by me duly sworn, did say that he/she is the **attorney in fact**, of _____, the surety corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said surety corporation; and that said instrument was executed in behalf of said surety corporation by authority of its board of directors and said _____ acknowledged that he/she executed said instrument as **attorney in fact** as the free act and deed of said surety corporation.

_____/_____/_____
Notary Public Date

My commission expires: _____/_____/_____
Date

(SEAL)