

BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned

_____ as
Principal, and _____ as Surety,
are held and firmly bound into the City of Indianapolis, for the use and benefit of the said City
or any party in interest as hereinafter specified in the penal sum of
_____ (_____) for the
payment of which, well and truly to be made, we bind ourselves, our heirs, executors,
administrators, and assigns.

Sealed with our seals and dated this _____ day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the said Department of Transportation, by its City Controller, is about to issue
a permit/license to said _____
for the three year term from the _____ day of _____, _____, thereby
licensing and authorizing the said _____
to carry on the business of

under and in accordance with
the

(Insert one: Excavating, or Curb, Sidewalk & Driveway
Contractor, etc.)

provisions and regulations of said City.

NOW, If said _____
shall faithfully discharge his duties according to the terms of, and comply with all the
provisions of the ordinances, rules, and regulations of said City, now in force, or which may
hereafter be enacted or adopted by said City in relation to the mode, manner or forum in which
said work shall be done, and shall pay and save the owner or the said City or any party in
interest in case any such person, firm, or corporation does any work in any public highway or,
in the case of sewer work, on any lot or premises or in any building which work fails to meet
the requirements of the Division of Buildings, Department of Transportation, or Department of
Public Works and against loss or damage which may arise by reason of the work done or
material furnished being in violation of the requirements of any law of the State of Indiana or
any ordinance of the City of Indianapolis controlling such work, then this obligation to be void,
otherwise to be and remain in full force and effect.

Principal _____ By _____ (Seal)

Address _____

City, State, Zip _____, _____ By _____

Telephone _____

By _____

Surety _____

Address _____

(Attorneys-in-fact)

City, State, Zip _____, _____

Telephone _____

Above must be properly filled in

Surety Solutions, LLC