

Bond No. \_\_\_\_\_

### SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE, Lottery Retailer Number \_\_\_\_\_

Owner Name \_\_\_\_\_

Corporation Name \_\_\_\_\_

Business Name (T/A) \_\_\_\_\_

Business Address \_\_\_\_\_

as Principal, (hereinafter called Principal), and \_\_\_\_\_,  
a corporation organized and existing under the laws of the State of \_\_\_\_\_ with its Home Office  
in the City of \_\_\_\_\_ as Surety, (hereinafter called Surety), are held and firmly bound unto

Pennsylvania Department of Revenue  
Bureau of State Lotteries  
1200 Fulling Mill Road, Suite 1, Middletown, PA 17057  
Attn: Licensing Officer

as Obligee, in the full and just sum of \_\_\_\_\_ ( \_\_\_\_\_ ) Dollars, lawful money  
of the United States of America, to be paid to the said Obligee, its successors or assigns, on demand for  
and on account of any funds due from the Principal as a result of the Principal's status as a Pennsylvania  
State Lottery Ticket Retailer to which the Principal has failed to make payments to the obligee: for which  
payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors,  
and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered, or is about to enter, into a written Agreement with the Obligee to  
be financially responsible to the Pennsylvania State Lottery for all financial obligations derived from the  
Principal's status as a Pennsylvania State Lottery Retailer as is more specifically set forth in said  
Agreement, to which reference is hereby made.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the Principal shall well  
and truly perform and carry out the covenants, terms, and conditions of said Agreement, then this  
obligation to be void; otherwise to remain in full force and effect. The Surety may cancel this bond by  
written notice to the Principal and Obligee, by Certified Mail, at least thirty (30) days in advance of the  
date of cancellation.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner Name (SEAL)

By: \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
Insurance Company (SEAL)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Attorney-in-Fact

Insurance Agency Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_