

STATE OF DELEWARE BOARD OF ELECTRICAL EXAMINERS
CANNON BUILDING, SUITE 203
961 SILVER LAKE BOULEVARD
DOVER, DE 19904 (302) 739-4522

KNOW ALL MEN/WOMEN BY THESE PRESENT, _____
(licensee's name only), as principal and _____ as surety, are held and firmly bound unto
the State of Delaware, in the full and just sum of One Thousand Dollars (\$1,000.00) to be paid to the State Board of Electrical
Examiners, aforesaid; to the payment whereof, well and truly to be made, we hereby bind ourselves, and our, and each of our legal
representatives, jointly and severally, firmly by these presents, sealed with our seals and dated this _____ day of _____ in
the year _____ and to expire June 30 _____.

WHEREAS, the above bounden principal, has applied for and is about to have issued to him/her by the State Board of Electrical
Examiners of the State of Delaware a registration as "Master Electrician General".

NOW, THEREFOR, THE CONDITION OF THE OBLIGATION IS SUCH, that if the above bounden shall comply with all applicable
standards for the installation of electrical work, apparatus and devices required by Law or regulation on all the work entered upon,
or contracted for, by the said Principal, and shall save harmless the Owner or real party in interest in any property for which any
material is furnished or service performed against any loss, damage or injury which shall arise through failure to comply by Law or
regulation on any work contracted for or undertaken by said Principal or his agents or employees, provided action is maintained
thereon by such owner or real party in interest within one year from the date of installation of materials furnished for performance
of such work or service provided, however, that the aggregate liability of the surety to all such persons for all such damages shall in
no event exceed the sum of such bond.

This bond shall be paid in full, issued to coincide with the licensing cycle and a new bond shall be required once expired.

Signed, sealed and delivered in the presence of:

WITNESS

DATE

PRINCIPAL

DATE

COMPANY NAME AND ADDRESS OF LOCAL AGENT OR BONDING COMPANY:

Notary

BOND NUMBER _____

COMMISSION EXPIRES _____ SEAL

PHONE NUMBER _____

DATE _____

ATTORNEY IN FACT _____

NOTE: PLEASE ATTACH COPY OF POWER OF ATTORNEY