

Bond Number

Registration Number

OCILB Number

Registration Bond for Plumbing Contractors

Health District use only
 Power of attorney attached

Owned By

(Check one)

- Individual
- Partnership
- Corporation

LEGAL COMPANY NAME: _____

MAILING ADDRESS: _____

MAILING ADDRESS 2: _____

CITY, STATE, ZIP: _____

KNOWN BY ALL MEN BY THESE PRESENTS, that we, the undersigned _____ dba

_____, as Principal, and _____ as Surety, are hereby held and firmly bound unto the Board of Health of the Hamilton County General Health District of Hamilton County, Ohio in the penal sum of Ten Thousand Dollars (\$10,000) for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, THAT, WHEREAS, the above named principal has registered with the Board of Health of the Hamilton County General Health District, to install and repair plumbing within the territory of the Hamilton County General Health District with registration becoming effective on the _____ day of _____, 20_____.

NOW, if the said principal shall well and faithfully do and perform all installation and repair in accordance with all permits issued to him by the Hamilton County General Health District and conforms to any and all rules and regulations and orders of the Hamilton County General Health District, a copy of which is available during normal working hours from the Health Commissioner, and the building and plumbing codes of the State of Ohio and County of Hamilton and completes installation and repair of all work undertaken; and if said Principal shall indemnify and hold harmless the Hamilton County General Health District, the Board of Health of the Hamilton County General Health District, and its employees from all claims for loss on his part or on the part of anyone in his employment in the installation or repair of plumbing undertaken by him, including all costs and expense arising from the defense of said claims; then this obligation shall be void; otherwise, the same shall remain in effect.

The aggregate liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The bond shall begin _____ 20_____ and continue through December 31 of the year executed or until canceled which ever occurs last. The bond may be cancelled as to future liability by the surety upon thirty (30) days written notice to the Board of Health of the Hamilton County General Health District. Any such cancellation shall release the surety from liability for any subsequent acts of the principal; provided, however, the surety shall remain liable for any and all acts of the principal covered by this date of cancellation.

Signed on this _____ day of _____ 20_____.

Legal Company Name (required – print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name: _____

Address: City, State, Zip: _____

Surety Company Phone: _____

Attorney-in-Fact or Insurance Agent Name (required - print name)

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

1. Impress/affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)

ATTEST: _____ Health Commissioner and Secretary, Board of Health.
This bond accepted by the Hamilton County General Health District, _____ day of _____ 20_____.
This bond approved as to form 8/31/23 by Hamilton County Prosecuting Attorney's office, Melissa A. Powers, Prosecutor.

Approved as to form:



Nee Fong Chin, Chief Assistant Prosecuting Attorney