	t we, the undersigned	dba
, a	as Principal, and	as Surety, are
, a hereby held and firmly bound unto the Board o Ohio, in the penal sum of Ten Thousand Dolla jointly and severally bind ourselves, our heirs,	rs (\$10,000.00) for the payment of which	n well and truly to be made, we hereby
THE CONDITIONS OF THE ABOVE OBLIGATIONS OF THE ABOVE OBLIGATION With the Board of Health of the Hamilton County General House 10 20	ty General Health District, to install and	repair plumbing within
NOW, if the said principal shall well and faithful issued to him by the Hamilton County General the Hamilton County General Health District, a Commissioner, and the building and plumbing and repair of all work undertaken; and if said F District, the Board of Health of the Hamilton Codamages that may result in any way by way of or on the part of anyone in his employment in the expense arising from the defense of said claim force and effect.	Health District and conforms to any and copy of which is available during normal codes of the State of Ohio and County of Principal shall indemnify and hold harmle bunty General Health District, and its emfaccident, negligence, nonfeasance, or the installation or repair of plumbing und	all rules and regulations and orders of all working hours from the Health of Hamilton and completes installation ess the Hamilton County General Health aployees from all claims for loss and ack of care, skill or attention on his part ertaken by him, including all costs and
The aggregate liability of the surety for any and obligation as herein stated.	d all claims hereunder shall in no event o	exceed the penal amount of this
The bond shall begin canceled which ever occurs last. This bond m notice to the Board of Health of the Hamilton C from liability for any subsequent acts of the pri	ay be canceled as to future liability by th County General Health District. Any sucl	ne surety upon thirty (30) days written in cancellation shall release the surety
		all remain liable for any and all acts of
the principal covered by this bond up to the da	te of cancellation.	an remain hable for any and an acts of
the principal covered by this bond up to the da	te of cancellation.	an remain hable for any and an acts of
the principal covered by this bond up to the da	te of cancellation 20	an remain hable for any and an acts of
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal	te of cancellation20 Principal – Printed Name	an remain hable for any and an acts of
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal	rite of cancellation. _ 20 Principal – Printed Name Principal – Signature	an remain hable for any and an acts of
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal	Principal – Printed Name Principal – Signature Address	
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal Witness 1 for Attorney-in Fact	Principal – Printed Name Principal – Signature Address Surety	an remain hable for any and an acts of
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal Witness 2 for Attorney-in Fact By:	rite of cancellation. 20 Principal – Printed Name Principal – Signature Address Surety Address Attorney-in-Fact - Signature	
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal Witness 1 for Attorney-in Fact By:	rite of cancellation. 20 Principal – Printed Name Principal – Signature Address Surety Address Attorney-in-Fact - Signature , Health Commissioner	and Secretary, Board of Health
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal Witness 1 for Attorney-in Fact	rite of cancellation. 20 Principal – Printed Name Principal – Signature Address Surety Address Attorney-in-Fact - Signature , Health Commissioner seneral Health District,day of	and Secretary, Board of Health
the principal covered by this bond up to the da Signed on this day of Witness 1 for principal Witness 2 for principal Witness 2 for Attorney-in Fact By: ATTEST: This bond accepted by the Hamilton County G	rite of cancellation. 20 Principal – Printed Name Principal – Signature Address Surety Address Attorney-in-Fact - Signature , Health Commissioner seneral Health District,day of	and Secretary, Board of Health

PERFORMANCE BOND # ______ (Installation/Repair Plumbing)

Form effective date: 01/27/2023