

HOME CARE ORGANIZATION DISHONESTY BOND

(Original sent to the Home Care Services Bureau at 744 P Street, M.S. T8-3-90, Sacramento, CA 95814)

HOME CARE ORGANIZATION APPLICANT/LICENSEE ("LICENSEE") NAME			
HOME CARE ORGANIZATION APPLICANT/LICENSEE MAILING ADDRESS	CITY	STATE	ZIP CODE
SURETY COMPANY		AREA CODE/TELEPHONE ()	
SURETY COMPANY ADDRESS	CITY	STATE	ZIP CODE
LOCAL AGENT NAME		AREA CODE/TELEPHONE ()	
HOME CARE ORGANIZATION NAME (If doing business in name other than that of Applicant/Licensee above)			
HOME CARE ORGANIZATION ADDRESS (If different from that of Applicant/Licensee)	CITY	STATE	ZIP CODE
HOME CARE ORGANIZATION NUMBER (IF APPLICABLE)			

BE IT KNOWN THAT:

Licensee, as Principal, and Bonding Company, as Surety, are held and firmly bound to the State of California for the use and benefit of Licensee’s clients or members of their household (collectively referred to as “Clients”). In the amount of _____, for the payment of which the Principal and Surety bind themselves, their respective heirs, successors and assigns, jointly and severally;

WHEREAS Health and Safety Code Sections 1796.37(a)(4) and 1796.42(d) require certain applicants for license as a Home Care Organization to maintain a bond against employee dishonesty that includes third party coverage; and

WHEREAS the Licensee has applied to operate a Home Care Organization;

NOW, THEREFORE, the Surety is liable on this bond in the event that any Clients are damaged by any dishonest or fraudulent act, including but not limited to theft, embezzlement, conversion or common law fraud or deceit by Principal or the Principal’s employees.

Any Clients of the Principal, damaged as a result of the dishonest or fraudulent acts of the Principal or the Principal’s employees, may file a claim with the Surety or bring an action in a proper court on the bond for the amount of damages suffered thereby to the extent covered by the bond.

Regardless of the number of years this bond is in effect, the number of licensee renewal terms, the number of premiums paid, or the number of claims made, the Surety’s aggregate liability shall not be more than the penal sum of this bond.

This bond may be canceled by the Surety in accordance with Code of Civil Procedure section 996.330, and notice of cancellation must be sent in accordance with Code of Civil Procedure section 996.320 to the attention of the California Department of Social Services, Home Care Services Bureau. This bond is effective as of (Date) _____, and remains in effect as long as the license is valid.

I certify under penalty of perjury under the laws of the State of California.

SURETY COMPANY SIGNATURE	BOND NUMBER	DATE
NAME OF ATTORNEY IN FACT FOR SURETY COMPANY	SIGNATURE OF ATTORNEY IN FACT FOR SURETY COMPANY	
PRINCIPAL	SIGNATURE OF PRINCIPAL	DATE