

# BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned \_\_\_\_\_ as Principal, and \_\_\_\_\_ as Surety, are held and firmly bound unto the City of Indianapolis, for the use and benefit of the said City or any party in interest as he in after specified in the penal sum of \_\_\_\_\_ (\$ \_\_\_\_\_) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns.

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

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the said Department of Transportation, by its City Controller, is about to issue a permit license to said \_\_\_\_\_ for the one year term from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, thereby licensing and authorizing the said \_\_\_\_\_ to carry on the business of \_\_\_\_\_ (Excavating, or Curb, Sidewalk & Driveway Contractor, etc.) under and in accordance with the provisions and regulations of said City.

NOW, If said \_\_\_\_\_ shall faithfully discharge his duties according to the terms of, and comply with all the provisions of the ordinances, rules and regulations of said City, now in force, or which may hereafter be enacted or adopted by said City in relation to the mode, manner or form in which said work shall be done, and shall pay and save the owner or the said City or any party in interest in case and any such person, firm, or corporation does any work in any public highway or, in the case of sewer work on any lot or premises or in any building which work fails to meet the requirements of the Division of Buildings, Department of Transportation, or Department of Public Works and against the loss or damage which may arise by reason of the work done or material furnished being in violation of the requirements of any law of the State of Indiana or any ordinance of the Law of Indianapolis controlling such work then this obligation to be void, otherwise to be and remain in full force and effect.

Principal \_\_\_\_\_ SEAL

Address \_\_\_\_\_ By: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Surety \_\_\_\_\_ SEAL

Address \_\_\_\_\_ By: \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
\_\_\_\_\_ Attorney-in-Fact

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_