

**IBEW LOCAL UNION 369  
WAGE AND FRINGE BENEFITS PAYMENT BOND**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, THAT, WE, \_\_\_\_\_  
\_\_\_\_\_ (hereinafter called the Principal)  
and \_\_\_\_\_  
\_\_\_\_\_, a corporation created and existing under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ (hereinafter called Surety, and authorized to transact business in Kentucky,  
are held and firmly bound unto International Brotherhood of Electrical Workers Local  
Union 369, IBEW 4315 Preston Highway, Suite 102, Louisville, Kentucky, in the full and  
just sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_  
\_\_\_\_\_), lawful money of the United States of America, to the payment of which said sum  
of money Principal binds himself or itself, its heirs, executors, administrators,  
successors and assigns; and the said Surety binds itself, its successors and assigns  
jointly and severally by these presents.

WHEREAS, said Principal has entered into a written collective bargaining agreement  
with said Obligee and said Agreement provides for the payment of wages and fringe  
benefits to employees of the Principal.

NOW, THEREFORE, the condition of this obligation is such that if the said Principal  
shall faithfully comply with all the terms, covenants and conditions of said Agreement as  
regards payment of wages and fringe benefits as enumerated in said Agreement, then this  
obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, That the term of this bond shall run for one year from the day  
of execution and may be continued by means of a Continuation Certificate executed and by  
both the Principal and Surety. And, provided the surety shall have the right to cancel  
their obligation upon thirty (30) day written notice mailed to the Principal and the  
obliges by certified, registered, or insured mail.

IN WITNESS WHEREOF, the undersigned have signed and executed this instrument this \_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

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

\_\_\_\_\_  
Surety

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

\_\_\_\_\_  
Attorney-in-Fact