

INDEMNITY BOND

BOND NO: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we \_\_\_\_\_,

(Company Name)

\_\_\_\_\_, (hereinafter called the "Principal") and  
(Principal Address)

\_\_\_\_\_, a surety company authorized to do business in  
(Surety Company)

the State of Florida (hereinafter called the "Surety"), are held and firmly bound into PORT EVERGLADES AURHORITY in the penal sum of \_\_\_\_\_ (\$\_\_\_\_\_) for the payment of which we bind ourselves, our heirs, personal representatives, successors and assigns for the performance of the obligations hereinafter set forth.

NOW, THEREFORE, the condition of this obligation is such that if the Principal, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified the said PORT EVERGLADES AUTHORITY, its successors and assigns, from and against all loss, costs, expenses, damages or injury, which it may in any manner sustain by reason of the failure of the Principal to pay to the PORT EVERGLADES AUTHORITY upon receipt all invoices, statements and bills that have accrued as a result of dockage, wharfage, Harbormaster fees, Linesman fees, water sales, storage, rentals electric current and any and all other tariff or other charges for services or materials furnished to any boat, ship, office, storage place or warehouse pursuant to the request of the Principal or its agents, the PORT EVERGLADES AUTHORITY, its successors and assigns, agents or employees, or persons in contractual relationship thereto, then this obligation shall be null and void, otherwise to remain in full force and effect.

It is further condition of this obligation that it shall remain in full force and effect until and unless the Surety provides at least thirty days prior written notice to the PORT EVERGLADES AUTHORITY or its termination.

IN WHITNESS WHEREOF, the Principal and the hands and seals of the parties hereto the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(COMPANY NAME)  
PRINCIPAL

BY: \_\_\_\_\_

ATTEST: \_\_\_\_\_

(NAME OF SURETY COMPANY)

BY: \_\_\_\_\_ Attorney-in-Fact

ATTEST: \_\_\_\_\_  
(SEE POWER OF ATTORNEY)