

Bond No: _____
Premium: _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Principal, and the _____, a corporation created, organized and existing under and by the virtue of the laws of the State of _____, and authorized to transact business of surety in the State of Nevada, as Surety, are held and firmly bound unto the STATE INDUSTRIAL INSURANCE SYSTEM in the amount of _____ (\$_____), lawful money of the United States of America, to be paid to the said STATE INDUSTRIAL INSURANCE SYSTEM, for which payment, well and truly to be made, we bind ourselves, our executors and successors, jointly and severally, firmly by these presents.

WHEREAS, the Principal desires to post this bond in compliance with the rules established under the authority of the Nevada Industrial Insurance Act, NRS Section 616.1723, Section 616.1725, the Nevada Administrative Procedures Act, NRS 233B, and the Nevada Administrative Code Sections 616.1725, through 616.748.

NOW THEREFORE, if said Principal shall make full payment of premiums for payroll disbursed or accrued including any additional premium incurred under a retrospective rating plan during the period that said Principal's Nevada Worker's Compensation account is active and pay and discharge any liability arising therefrom, then this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that the Surety may cancel this bond at any time by serving written notice of its election so to do upon the said Principal and STATE INDUSTRIAL INSURANCE SYSTEM, and shall be released from further liability accruing thirty (30) days from and after receipt of said notice by the STATE INDUSTRIAL INSURANCE SYSTEM, but shall remain liable for any liability accruing prior to the expiration of said thirty (30) day period.

IN WITNESS WHEREOF, the seal and signature of the said Principal is hereto affixed and the corporate seal and name of the said Surety is hereto affixed and attested by its duly authorized Attorney on _____, this _____ day of _____, _____.

All bonds attested by nonresident agents MUST BE
COUNTERSIGNED BY A NEVADA AGENT.

Firm Name

By _____

Signature of Owner, Partner or Corporate Officer

Insurance Agent

Bonding Company

Address

By _____

Attorney-in-Fact