



CLERMONT COUNTY GENERAL HEALTH DISTRICT

2275 Bauer Rd.
Suite 300
Batavia, Ohio 45103-1930

Phone: (513) 732-7499
Fax: (513) 732-7936
E-mail: cchealth@co.clermont.oh.us
<http://www.clermonthealthdistrict.org>

Completing Bond Forms

The Clermont County General Health District requires a blanket performance bond of \$5,000 for scavenger contractors, \$10,000 for plumbing contractors and \$15,000 for septic installers. All Health District bonds must be submitted on the Health District's bond form. The power of attorney provided from the insurance company must provide the designated representative authority to enter into any and all bonds on behalf of the company. This allows for quick approval of the bonds by Health District staff and eliminates any confusion on the type of bond being issued and/or requested.

Please make sure the bond form is complete. The company or person's name must be printed as they will register, i.e., Joe Public, dba Public Plumbing Company. Two witness signatures are required for each signature. Please be sure to attach the power of attorney and certification of compliance (company authorization to do business in Ohio). If you have any questions please feel free to contact us at (513)732-7499.



CLERMONT COUNTY GENERAL HEALTH DISTRICT

2275 Bauer Rd.
Suite 300
Batavia, Ohio 45103-1930

Phone: (513) 732-7499
Fax: (513) 732-7936
E-mail: cchealth@co.clermont.oh.us
<http://www.clermonthhealthdistrict.org>

BOND # _____

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned,
_____ as Principal, and _____ as Surety, are hereby held and firmly bound unto the Board of Health of the Clermont County General Health District of Clermont County, Ohio, in the panel sum of Five Thousand and No/100 Dollars (\$5,000.00) for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, THAT, WHEREAS, the above named principal has registered with the Board of Health of the Clermont County General Health District, to clean sewage disposal or treatment systems within the territory of the Clermont County General Health District with registration becoming effective on the _____ day of _____, 2____.

NOW, if the said principal shall well and faithfully do and perform all cleaning of sewage disposal or treatment systems in accordance with any and all rules and regulations and orders of the Clermont County General Health District and the building and plumbing codes of the State of Ohio and County of Clermont and completes all work undertaken: and if said principal shall indemnify and hold harmless the Clermont County General Health District, the Board of Health of the Clermont County General Health District, and its employees from all claims for loss and damage that may result in any way by way of accident, negligence, non-feasance, or lack of care, skill or attention on his part or on the part of anyone in his employment in the cleaning of sewage disposal or treatment systems undertaken by him, including all costs and expense arising from the defense of said claims, then this obligation shall be void: otherwise, the same shall remain in full force and effect.

The aggregate liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The bond shall begin _____, 20____, and continue until canceled. This bond may be canceled as to future liability by the surety upon thirty (30) days written notice to the Board of Health of the Clermont County General Health District. Any Such cancellation shall release the surety from liability for any subsequent acts of the principal: provided, however, the surety shall remain liable for any and all acts of the principal covered by this bond up to the date of cancellation.

Signed on this _____ day of _____, 20_____

Principal Witnesses:

Signature

Principal

Signature

Address

Surety Witnesses:

Signature

Surety

Signature

Address

By: _____

Surety Representative Signature

Reviewed by: _____

Signature

Date