

HERNANDO COUNTY BOND FORM

Bond Number _____

Agent _____

BOND FOR _____ CONTRACTOR
(Type of Contractor)

KNOW ALL MEN BY THESE PRESENTS that we, _____
(Individual Name d/b/a Business Name)

(herein after called the Principal) and _____
(Bonding Agent)

a corporation duly qualified and authorized under the laws of the State of Florida to act as surety on bonds (hereinafter called the Surety) are held and firmly bound unto the _____ in the penal sum of **\$5,000.00**, lawful money of the United States of America, the true payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this bond.

DATED THIS _____ DAY OF _____, _____.

The condition of this bond is such that if the above **bound principal**, the said _____
(Individual d/b/a Business Name)

shall protect all persons suffering any loss or damage occasioned by said principal failing to comply with any of the provisions of any municipal or county code applicable to the work performed by said principal, or the officer, employees or agents of said principal, or under the direction and supervision of said principal and shall, without additional cost to the person for whom any such work is performed, remedy all defects in said work due to faulty workmanship or material furnished or used by said principal, and shall reconstruct any such defective work and shall replace or make good any defective material to the satisfaction of the inspector having jurisdiction of the class of work embraced in the code applicable thereto, at any time within one (1) year after the performance of any such work by said principal, his agents or employees, and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the same, then this notice from such inspector to reconstruct, replace or repair the same, then this obligation shall become null and void; otherwise to remain in full force and effect.

The failure or default on the part of the principal in remedying any defects in such work due to faulty materials furnished or used by said principal, shall give the person for whom such work is performed a right of action against the principal and surety under this obligation; provided, that no suit, action or proceeding by reason of any default shall be brought on this bond after two (2) years from date of final completion of the work done by the principal for any such person.

This bond may be canceled by the surety for any cause after thirty (30) days written notice to the principal and the Building Official.

**THE PREMIUM ANNIVERSARY (RENEWAL) ON THIS BOND SHALL BE THE _____ DAY
OF _____, _____.**

Certificate of Competency Card Holders must list their names as principal and in addition must indicate whether they are doing business as a corporation, partnership, company, or individual. **If the principal is doing business as a corporation and is not the President, Vice President or Secretary, the bond must also bear the signature of one of these officers or the principal must show his authority to bind the corporation.**

INDIVIDUAL (PRINCIPAL)

CORPORATE NAME

BY: _____
CORPORATE OFFICER (TITLE)

INSURANCE COMPANY (SURETY)

BY: _____
ATTORNEY-IN-FACT (SURETY)

CORPORATE SEAL MUST BE AFFIXED.(bonding company)

APPROVED ON THE _____ DAY OF _____, _____.

Please send copy to:

Hernando County Development Department
Contractor Certification
789 Providence Boulevard
Brooksville, Florida 34601
fax (352) 754-4159

CHECK LIST FOR BONDS

1. **Type of Contractor**–State Certified Contractors in this field (General, Building, Residential, Electric, Drywall etc.)
2. **Individual d/b/a Business name** – Name of Qualifier AND Business Name.
3. The **Anniversary date** of the bond is the expiration date. The bond must be for at least one (1) year and is required to have a **Continuation Certification when it is renewed.**
4. Firmly bound unto **Hernando Board of County Commissioners** if for a **County Contractor.**
5. Firmly bound unto **Florida Homeowners Recovery Fund** if for a **State Certified Contractor.**
6. Forward a **signed copy** to the department, **WE DO NOT REQUIRE THE ORIGINAL BOND. The original should be held by the contractor.**