

\$25,000 SURETY BOND

The premium charged for this bond is " _____ "per annum.

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, That.....

WE _____, as PRINCIPAL, and _____
(Company Name) (Surety Company)

_____, a corporation organized and existing under the laws of the State of _____ and authorized to transact a surety business in the States of California and Nevada, as surety, are held and firmly bound unto the **DISTRICT COUNCIL OF IRON WORKERS** of the State of California and Vicinity, as collective bargaining representative of employees performing work covered by the Agreement Iron Worker Employers State of California and a Portion of Nevada and District Council of Iron Workers of the State of California and Vicinity, The California Field Ironworkers Vacation Trust Fund, The California Ironworkers Field Welfare Plan, The California Ironworkers Field Pension Trust, The California Field Ironworkers Apprenticeship Training and Journeyman Retraining Fund, The California Field Ironworkers Administrative Trust, The California Field Ironworkers Annuity Trust Fund, The California Field Ironworkers Labor Management Cooperative Trust Fund, The California Field Ironworkers Workers' Compensation Trust Fund, and Ironworker Management Progressive Action Cooperative Trust (IMPACT) jointly, hereinafter collectively referred to as Obligees, in the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000), lawful money of the United States of America, for the payment thereof well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

The condition of this obligation is such that:

WHEREAS, the Collective Bargaining Agreement between the PRINCIPAL and the Obligees requires that the PRINCIPAL furnish a bond in the amount of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) to guarantee payment by the PRINCIPAL of all contributions with respect to:

VACATION, WELFARE, PENSION, APPRENTICESHIP, ADMINISTRATIVE, ANNUITY, LABOR MANAGEMENT COOPERATIVE TRUST, WORKERS' COMPENSATION TRUST AND IMPACT FUNDS provided for in said agreement, and payment of wages (including monies due as subsistence pay, travel pay, mileage pay).

NOW THEREFORE, the condition of this obligation is such that if the PRINCIPAL pays all contributions and wages required by said agreement, this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, THAT this bond may be canceled by either the OBLIGEES or the SURETY by delivering to the other party written notice of termination at least THIRTY (30) DAYS prior to the effective date of such termination. Sending of such Notice of Termination by registered mail to the California Field Ironworkers Labor Management Cooperative Trust, 990 Reserve Drive, #104, Roseville, CA 95678, or place where moved, or the last known address of the Obligees or Surety shall be termed "Delivering" for the purposes of cancellation of this bond.

THIS BOND IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. Notice of claim for payment of monies due as Trust Fund contributions or wages as specified herein must be served in writing upon the Surety at its office at _____
_____ within one hundred twenty (120) days after actual knowledge by the appropriate Obligee of the specific amount of the claim.
2. No suit may be filed against this bond later than one (1) year following notification to the Surety of the amount of any claim for unpaid contributions or wages as specified herein. And, in the event this bond shall be canceled or released, any such suit must be filed against the Surety within one (1) year of such cancellation or release. Service of summons and complaint upon the Surety may be made by mailing of a copy of the summons and complaint to the Surety at its office at: _____ by Registered Mail.

SIGNED, SEALED AND DATED the _____ day of _____, aaaa_____.

Company Name _____ Local # _____

Surety _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____

Phone # _____

Principal's Signature _____

Surety Signature _____

Printed Name _____

Printed Name _____

Return original executed bond made payable to **District Council of Iron Workers** to:

California Field Ironworkers LABOR MANAGEMENT COOPERATIVE TRUST
990 Reserve Drive, #104, Roseville, CA 95678 (916) 784-9118