

Effective Date:

**SURETY PERFORMANCE BOND**

BOND NUMBER \_\_\_\_\_

LET IT BE KNOWN:

THAT \_\_\_\_\_  
(OWNER, PARTNERS, BUSINESS OR CORPORATION NAME OF PRINCIPAL)

DOING BUSINESS AS \_\_\_\_\_  
(ASSUMED BUSINESS NAME OF PRINCIPAL, IF ANY)

AND \_\_\_\_\_, A  
CORPORATION ORGANIZED AND  
(SURETY NAME)

EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE  
\_\_\_\_\_, AND AUTHORIZED TO TRANSACT A  
SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY  
BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$25,000 FOR THE PAYMENT  
OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND  
ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

WHEREAS, THE PRINCIPAL HAS ENTERED INTO A DISSEMINATOR CONTRACT WITH THE  
STATE OF OREGON, AS OF \_\_\_\_\_, THE TERMS OF WHICH  
ARE INCORPORATED HEREIN;  
(EFFECTIVE DATE OF CONTRACT)

NOW, THEREFORE, THE CONDITION OF THIS BOND IS SUCH THAT IF SAID PRINCIPAL OR  
ITS OFFICERS, EMPLOYEES AND AGENTS, FAITHFULLY PERFORMS ALL PROVISIONS OF  
SAID CONTRACT ACCORDING TO ITS TERMS AND WITHOUT VIOLATION OREGON LAWS  
1997, CHAPTER 678, (ORS 802.175 to 802.191), THEN AND IN SUCH EVENT THIS  
OBLIGATION SHALL BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT.

THIS BOND MAY BE ENFORCED IN THE NAME OF THE STATE OF OREGON FOR THE  
BENEFIT OF THE STATE.

THIS BOND SHALL BECOME EFFECTIVE AS OF THE DATE OF THE DISSEMINATOR  
CONTRACT AND EXPIRES ONE YEAR FROM THE DATE OF TERMINATION OR EXPIRATION  
OF THE CONTRACT OR UNTIL DEPLETED BY CLAIMS PAID.

THIS BOND SHALL BE ONE CONTINUOUS OBLIGATION AND THE LIABILITY OF THE  
SURETY SHALL BE LIMITED TO THE AMOUNT OF THE PENALTY OF THIS BOND  
REGARDLESS OF WHETHER THIS BOND IS RENEWED OR OTHERWISE CONTINUED IN  
EFFECT BEYOND ITS ORIGINAL TERM, IRRESPECTIVE OF THE NUMBER OF YEARS IT IS IN  
EFFECT.

**ANY ALTERATION VOIDS THIS BOND**

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL (OWNER, PARTNER OR CORPORATE OFFICER)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_, Attorney-in-Fact  
TITLE

**SURETY**

**PRINCIPAL**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER