

Surety Bond Form for Skilled Home Health Services

Name of Bonding Company

Effective Date

Bond Number

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned, _____
(full legal name of principal), of the City of _____, County of _____,
State of _____, as Principal, and _____ (full legal name
of Surety) is/are authorized to do business in the state of Ohio, as surety, are held and firmly bound unto the State
of Ohio and the Ohio Department of Health (the "Department"), as Obligees, in the penal sum of FIFTY THOUSAND
DOLLARS (\$50,000), the payment of which we jointly and severally bind ourselves, our heirs, executors, administrators,
successors and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that the Principal has applied for the issuance or renewal of a
Skilled Home Health Services license, which license and any renewals are incorporated and made part of this bond as
though set forth herein. Pursuant to Chapter 3740 of the Ohio Revised Code and Chapter 3701-60 of the Ohio
Administrative Code, said license or license renewal shall be valid, if not suspended or revoked, for a license period
ending no more than three years from the date of issuance of the license or renewal and through which the Principal
is required to give security pursuant to Section 3740.03 of the Ohio Revised Code;

NOW, THEREFORE, if the Principal is granted a license by the State as described above, during the term of said license
and any renewal thereof, the bond shall be used to guarantee that the Principal timely and successfully operates the
business in a manner consistent with all relevant rules and regulations, faithfully pays license renewal fees, and keeps
accurate books and records. If the Principal maintains its license for the term of this bond without revocation, and if
the license is not renewed, then this bond shall be null and void.

IT IS FURTHER PROVIDED this bond is issued subject to the following express conditions:

1. The business name on the bond must correspond exactly with the business name on the license application with the Ohio Department of Health, as applicable.
2. If the Department determines that the Principal has failed to comply with the terms herein, the Department, as Obligee, may proceed against the Principal or Surety herein, or both, for a right of action upon the bond and the Surety shall make payment of the above penal sum to the Department within thirty (30) calendar days.
3. The Principal shall notify the Surety within thirty (30) days if any of the information contained within the application for the surety bond has changed.
4. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation. The Principal shall then immediately submit proof of a new bond. 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.
5. The said Surety hereby stipulates and agrees that no modifications, omissions, or additions in or to the terms of the license or any renewals shall in any way affect the obligations of said Surety on its bond, and it does hereby waive notice of any such modifications, omissions, or additions to the terms of the license or any renewals.

This bond is effective as of _____, 20____ (the date of signing) and expires on _____, 20____.
This surety bond may be continued by certificate for subsequent periods in support of the Ohio license so issued. The aggregate liability of the surety shall not exceed the sum of the bond.

Executed in _____
(City, State)

on this _____ day of _____, _____.
(Month) (Year)

Witness: _____
Name of Principal

By: _____
Signature of Principal/Title

Witness: _____
Surety Name

Address: _____
Surety Agent Address

ACKNOWLEDGMENT OF SURETY

Print or Type Name

Date Signed

Signature of Licensee

Sworn and signed before me this date:

Signature of Notary

Date

-Affix Seal Below -



**Department of
Health**