Requirements for Completing Performance Bond Standard Form

In order to clarify procedures for completing application and bond forms, the following checklist has been developed. Your cooperation in the use of this guide will help expedite processing of performance bonds. Any modification to this form will require review and approval by the County Attorney's office.

1. Full name of person(s), company, corporation or partnership submitting application for permit

2. Name of the insurance company preparing the bond documents

3. State in which the insurance company is incorporated

4. The bond amount spelled out - Example: Two-Thousand-Three Hundred Dollars - ($2,300.)

The applicant must sign the application for the permit and the bonding document. Names on the application and the bond MUST correspond.

If the applicant is a corporation, the person signing must hold the office of president or vice-president. Their signature is to be attested to by the secretary or assistant secretary. All signatures must have a printed or typewritten name beneath and indicate the title of the office held by that person.

The signature of an individual as Permittee on a bond must have the word "(SEAL)" or "(L.S.)" immediately after the signature.

The bond language shall correspond to wording approved by the County Attorney's Office. Sample forms are available at the Department of Permitting Services

*The bonding company must be licensed to write bonds in the state of Maryland.*
KNOW ALL MEN BY THESE PRESENTS, that we ____________, Hereinafter called PERMITTEE, and ____________, a corporation incorporated under the laws of the State of ____________, Hereinafter called SURETY, are firmly bound unto Montgomery County, Maryland (“THE COUNTY”) in the sum of ________________ Dollars, to be paid to THE COUNTY or its assigns, upon the conditions set forth below. This bond is binding on ourselves, our personal representatives, successors, and assigns, jointly and severally.

WHEREAS, it is a condition of approval and issuance of the permit referenced above that a bond or other instrument be issued for the benefit of THE COUNTY, guaranteeing performance of the work described in the permit and as may be required by law.

NOW THEREFORE, the condition of this obligation is such that, providing that the PERMITTEE shall perform all work according to the stated terms and conditions of the above referenced permit, and comply with all requirements of law, then this obligation shall be null and void. But in the event that the PERMITTEE fails to complete the work in accordance with the terms and conditions of the permit and applicable law, then upon written notice of default from THE COUNTY or its designee to the PERMITTEE and the SURETY, the SURETY shall promptly take one of the following actions:

1) Undertake to complete or correct the work or arrange for its completion or correction at its sole expense; or
2) Pay the county to complete or correct the work up to the full penal sum of the bond.

If the SURETY does not respond within ten business days after receiving the COUNTY’S notice of default, the COUNTY shall be entitled to enforce any remedy available to the COUNTY, including completing or correcting the work and seeking reimbursement from the SURETY, up to the full penal sum of the bond.

SEALED WITH OUR RESPECTIVE SEALS AND DATED THIS ___________ DAY OF ___________ , 20_____.

ATTEST:

_______________________________ (SEAL)
Permittee Signature
(If Corporation, must be signed by President)

_______________________________
Witness (printed name & title)

_______________________________
Witness Signature

_______________________________
Permittee (printed name)

_______________________________
Name of Surety

_______________________________ (SEAL)
Bond Number

_______________________________
Attorney-in-Fact Signature

_______________________________ (printed name)
Attorney-in-Fact

_______________________________
Agency/Address/Phone/Fax/E-mail:

_______________________________
Name of Surety

Insurance Company/Address/Phone/Fax/E-Mail:

_______________________________ (SEAL)
Attorney-in-Fact Signature

_______________________________ (printed name)
Agency/Address/Phone/Fax/E-mail:

_______________________________
Name of Surety

_______________________________
Attorney-in-Fact Signature

_______________________________ (printed name)
Agency/Address/Phone/Fax/E-mail:

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Form Correct _______________________
This form has been approved as to form and legality by the Office of the County Attorney. This form may not be modified without the approval of the Office of the County Attorney

2425 Reedie Drive 7th Floor Wheaton, Maryland 20902

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