

Account No. _____

Bond No. _____



**Emerald Coast Utilities Authority
Indemnifying Bond**

STATE OF FLORIDA)
COUNTY OF ESCAMBIA)

KNOW ALL MEN BY THESE PRESENTS THAT as

_____ principal, hereinafter called Customer,
and _____ as Surety, hereinafter called Surety, are
held and firmly bound unto the Emerald Coast Utilities Authority, Escambia County, Florida,
as Obligee, hereinafter called Authority, in the amount of \$ _____
for the payment whereof Customer and Surety bind themselves, their heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Customer has by written agreement dated
_____ entered into a service agreement with Authority for
_____, located at _____ in Pensacola,
Florida, which agreement is by reference made a part hereof, and is hereafter referred to as
the Agreement;

NOW, THEREFORE, the condition of this obligation is that, if
Customer shall promptly and faithfully perform its obligations under such Agreement,
including payment of all sums due for services when such shall become due and owing, and
shall in all other respects faithfully perform said Agreement, then this obligation shall be
null and void; otherwise, it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time
made by the Authority.

Whenever Customer shall be, and is declared by Authority to be in default
under the Agreement, the Authority having performed Authority’s obligations thereunder, the
Surety shall promptly remedy the default, to the full amount of this obligation **including any
interest accrued at the rate of 18% from the date of termination.**

The term of this bond shall be indefinite.

The Surety reserves the right to cancel this bond by giving sixty (60) days' written notice to the Authority and, upon receipt of such cancellation notice, the Surety is discharged and relieved of any further liability, it being understood and agreed, however, that the Customer and the Surety shall be liable for any loss accruing up to the effective date of said cancellation notice to the full amount of this obligation.

Signed and Sealed This _____ day of _____, 20 _____.

IN THE PRESENCE OF:

_____	_____
	(Principal)
	BY: _____
	(Title)
_____	_____
	(Surety)
	BY: _____
	(Title)

FOLLOWING INFORMATION IS REQUIRED OF SURETY:

Insurance Company: _____

Contact Person: _____

Telephone No: _____

Address: _____

City: _____ State: _____