

INDEMNITY BOND FOR ELECTRIC AND/OR WATER SERVICE FURNISHED BY JEA

225 North Pearl St. Floor 1 Jacksonville FL 32202-4513

Bond No	<u>_</u>
JEA Account Number	<u>_</u>
KNOW ALL MEN BY THESE PRESENTS, tha	t
as Princ	ipal and
a corpor	ation organized and existing under the laws of the State
of, and duly authorized to cond	uct and carry on a general surety business in the State of
Florida, as Surety, are each held and firmly boun	d unto JEA, a Body Politic, as obligee, in the full and just
sum of Dollars, I	awful money of the United States of America, for the
payment whereof well and truly to be made, the s	aid Principal and the said Surety hereby bind themselves,
	essors and assigns, jointly and severally, firmly by these
presents.	

WHEREAS the Principal has applied to JEA, for electric and/or water and/or sewer service.

WHEREAS, under the rules and regulations of JEA, it is necessary for the Principal to furnish security for the prompt payment of electric and/or water bills for electric and/or water and/or sewer services furnished and supplied to the Principal by the obligee; and

WHEREAS the Principal desires to post this bond in lieu of a cash deposit as security for the payment of said electric and/or water and/or sewer bills.

NOW THEREFORE, the condition of this obligation is such that if the said Principal shall well and faithfully perform the obligations herein recited and shall promptly pay all bills rendered by JEA, to said Principal for electric and/or water and/or sewer service as provided by this bond and the rules and regulations of JEA, then the above obligations shall be null and void, otherwise to remain in full force and effect, and the Surety herein agrees to pay, within ten (10) days after written demand for payment by JEA, any delinquent electric and/or water and/or sewer bills rendered by JEA to the Principal herein if such bills are not paid by said Principal within fifteen (15) days from the date of said bills.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the surety company reserves the right to cancel this bond by giving thirty (30) days written notice to JEA via traceable means (ex: UPS, FedEx, USPS), and on the effective date of such thirty (30) day cancellation notice, the Surety is discharged and relieved of liability, it being understood and agreed, however, that the said Principal and said Surety will be liable for any loss accruing up to the effective date of said thirty (30) day cancellation notice, in no event, however, in excess of the penalty of this bond.

•	•	y the Principal and Surety herein that JEA may, by giving fifteer this bond or require an endorsement hereon increasing the
·	•	ond so that said penal amount shall at least be equal to two
` '	e amount of the nigne n any twelve (12) mor	est monthly electric and/or water and/or sewer bills known o
		and after the day of,
		until cancelled as aforesaid or until released in writing by the
obligee.		
IN WITNESS WH	IEREOF, the said Prin	ncipal and the said Surety have duly executed or caused to be
executed this bond the	day of	, 20
If this is not for blanke	coverage (flexible, i	i.e. covers several locations as needed), please list premise(s
included in this coverag	ge:	
Florida Electronic Signature Ao signatures unless otherwise p		7) states that electronic signatures have the same legal force as written
	-	
		ign this form by checking Electronic Signature and Acceptance box below. By device to check the Electronic Signature and Acceptance box constitutes
-		ne same force and effect as a signature affixed by hand.
Electronic Signature a	nd Acceptance – Principle	le Authorized Representative
Electronic Signature a	nd Acceptance – Produce	er Authorized Representative
Signed, sealed and de	elivered in the prese	ence
of:	mvered in the presen	Ву:
AS TO PRINCIPAL	WITNESS	PRINCIPAL
		E-MAIL ADDRESS
of:		Ву:
AS TO SURETY	WITNESS	ITS ATTORNEY-IN-FACT
		SURETY
ACENT NAME ADDRESS AND	DHONE NUMBER	INCLIDANCE MARKE ADDRESS AND DUCALS MURADED
AGENT NAME , ADDRESS AND OF BRANCH OFFICE OR HOM		INSURANCE NAME, ADDRESS AND PHONE NUMBER OF BRANCH OFFICE OR HOME OFFICE OF
INSURANCE COMPANY (PLEA		INSURANCE COMPANY (PLEASE PRINT)
F-MAII ADDRESS		F-MAIL ADDRESS