## Appropriate Form for

## Construction Materials Mining Company Bond, §552.38, F.S.<sup>1</sup>

Bond #	
KNOW ALL MEN BY THESE PRESENTS, That	
residence address is	and whose
place of business is	as Principal, and
as Surety FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its succe (\$100,000) dollars, lawfully money of the United States of America, ourselves, and our and each of our heirs, executors, administrators presents:	for payment of which well and truly to be made, we bind
THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the shall faithfully comply with the conduct business under his/her licen Statutes, and abide by all rules and regulations of THE DEPARTME FINANCIAL OFFICER, the obligation shall be null and void; otherw in favor of the department and shall specifically authorize recovery is guilty of failing to pay damages awarded within 30 days after a fir of Administrative Hearings, or within 30 days after the entry of an a	use in accordance with the provisions of the Chapter 552, Florida ENT OF FINANCIAL SERVICES as promulgated by the CHIEF rise, and it shall remain in full force and effect. This bond shall be by the department of the damages sustained in case the licensee hal order is issued by an administrative law judge of the Division
IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL may be canceled and discontinued by giving thirty (30) days notice FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successful be deemed canceled at the expiration of the said thirty (30) days for all or any part of such premium receipts tax and other obligation the Principal prior to the effective date of the cancellation.  IN WITNESS WHEREOF the said Principal has caused these pressaid surety has caused presents to be executed by the signature of attested by its attorney-in-fact thisday of	in writing to the Principal and filed with THE DEPARTMENT OF essors in office, by United States registered mail and this bond ays from the receipt of the said notice, the Surety remaining liable is covered by this bond, which may have accrued by default of ents to be executed by affixing thereto his/her signature, and the fits attorney-in-fact and its corporate seal to be affixed hereto
Principal	Surety (Name of Insurance Company)
Witness to Principal	By: Attorney-in-Fact (signature)
Print Name:	
Licensed Resident Agent (Must be Currently Appointed by Above Surety)	
Street:	
City:	
State:ZIP Code	
Phone #:	_
NOTE: Attach to this bond a properly certified copy of the agent's WITNESSED. Type below each signature the name of the person h COUNTERSIGNED BY A FLORIDA AGENT OF THE SURETY.  NOTICE TO APPLICANT: THIS FORM FOR A BOND IS	naving affixed his/her signature. THIS BOND MUST BE
NOTICE TO APPLICANT: THIS FORM FOR A BOND IS NEITHER REQUIRED NOR SOLICITED; HOWEVER, IF THIS FORM IS USED, IT WILL COMPLY IN ALL RESPECTS WITH THE REQUIREMENTS OF RULE 69A- 2.024, AND WILL ASSIST IN EXPEDITING THE PROCESSING OF APPLICATIONS.	ADDITIONAL PROVISIONS MAY BE INSERTED PROVIDED THEY DO NOT CONFLICT WITH, CONTRAVENE, OR NULLIFY THE REQUIRED PROVISIONS CONTAINED ABOVE.

<sup>&</sup>lt;sup>1</sup> The title must appear in 14 Point Boldface Type.