

**INDIANA DEPARTMENT OF TRANSPORTATION
PERMITS**

Performance Bond for Right-of-Way Permits (single permit use only)

Bond number:	
Principal/Permit Applicant:	
Surety (Insurer):	
Bond Amount:	
Effective Date:	
Permit Type(s): <i>Check ALL that apply</i>	☐ Occupancy (Above Ground) ☐ Occupancy (Below Ground) ☐ Broadband Access ☐ Driveway ☐ Miscellaneous / Other: _____

Know all men by these presents that we, the Undersigned (Principal/Permit Applicant, and Surety) are hereby held and firmly bound unto the State of Indiana in the penal sum listed above as Bond Amount, for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

The conditions of the above obligation are such, that whereas, the above-named Principal/Permit Applicant has made application for the permit(s) with the State of Indiana for occupancy and use of the right-of-way, to be more particularly described in the permit(s), and the permit(s) issued is/are made a part of this bond, the same set forth herein.

Now, if said Principal/Permit Applicant shall well and faithfully do and perform the things agreed by the Principal-Applicant to be done and performed according to the terms of said permit(s) and to the satisfaction of the Indiana Department of Transportation, and shall pay all lawful claims of the contractor, vendors and laborers for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of said permit(s) (on file with the Department of Transportation), then this obligation shall be void, otherwise the same shall remain in full force and effect, it being expressly understood and agreed that the aggregate liability of the Surety for any and all claims hereunder except as provided below shall in no event exceed the penal sum of this obligation as herein stated. In the event of noncompliance, the Surety shall be liable for the court costs and attorney fees spent in the collection of this bond over and above the penal sum of this obligation.

This bond shall become on effective the latter of (1) the Effective Date identified above, and (2) when the bond has been accepted by the Indiana Department of Transportation and entered into its Electronic Permit System (EPS), and shall continue in full force and effect until released by the State of Indiana.

In order to be accepted, all three pages must be completed/signed/notarized.

NOTICE OF TERMINATION OF LIABILITY <i>INDOT OFFICE ONLY</i>			
☐ All permits complied ☐ Bond cancelled	Date:		Processed by: (name, title)

Surety (Insurer) Notarized Signature Page

Bond number:	
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IN WITNESS WHEREOF, we hereunto set our hands and seals:

Surety (insurer) (attach Power of Attorney)	
Surety (insurer)	
Surety Representative Signature	
Printed name	
Title	
Date	

Instructions to Notary:

Please complete *only for the signature you are notarizing (who personally appeared before you)*.

Surety Notary:

STATE OF _____)

COUNTY OF _____)

This foregoing was acknowledged before me on _____, 20____ by _____
(date) (name of individual)

as _____ of _____.
(title) (surety/insurer)

Notary Stamp or Seal:

Notary Public Signature

Below information required with use of crimping seal:

Printed Name: _____

Commissioner Number: _____

Commission Expires: _____

County Commissioned in: _____

Principal/Permit Applicant Notarized Signature Page

Bond number:	
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IN WITNESS WHEREOF, we hereunto set our hands and seals:

Principal/Permit Applicant (person authorized to sign)	
Principal/Permit Applicant	
Principal/Permit Applicant Representative Signature	
Printed name	
Title	
Date	

Instructions to Notary:

Please complete *only for the signature you are notarizing (who personally appeared before you)*.

Principal/Permit Applicant Notary:

STATE OF _____)

COUNTY OF _____)

This record was acknowledged before me on _____, 20____ by _____
(date) (name of individual)

as _____ of _____.
(title) (principal/applicant)

Notary Stamp or Seal:

Notary Public Signature

Below information required with use of crimping seal:

Printed Name: _____

Commissioner Number: _____

Commission Expires: _____

County Commissioned in: _____