**BID BOND**

**BOND NUMBER:** [ENTER BOND NUMBER]

STATE OF [ENTER STATE])

COUNTY OF [ENTER COUNTY])SS

CITY OF [ENTER CITY])

**KNOW ALL MEN BY THESE PRESENTS,** that we [ENTER NAME OF PRINCIPAL], as Principal, and [ENTER NAME OF SURETY], as Surety, are held firmly bound unto Orange County, Florida, in the penal sum of:

$0.00 [ENTER DOLLAR AMOUNT], [ENTER TOTAL SUM WRITTEN IN WORDS] Dollars, lawful money of the United States, for the payment of which sum well and truly to be made, we bound ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by these presents.

**(Ten percent {10%} of base bid if no amount entered)**

**THE CONDITION OF THIS OBLIGATION IS SUCH,** that whereas the Principal has submitted the attached Bid, dated the [CLICK TO ENTER DATE], for a Contract entitled**:** [ENTER CONTRACT TITLE AND NUMBER e.g. Y22-0000]**.**

**NOW THEREFORE,** if the Principal shall withdraw said Bid prior to the date of opening the same, or shall within ten (10) days after the prescribed forms are presented to him for signature, enter in a written Contract with Orange County, Florida, in accordance with the Bid as accepted, and give a Performance Bond and a Payment Bond with good and sufficient Surety or sureties as may be required, for the faithful performance and proper fulfillment of such Contract and for prompt payment of all persons furnishing labor or materials in connection therewith, or in the event of the failure to enter into such Contract and give such Bonds within the time specified, if the Principal shall pay the County the difference between the amount specified in said Bid and the amount for which the County may procure the required work and/or supplies, provided the latter amount to be in excess of the former, then the above obligations shall be void and of no effect; otherwise to remain in full force and virtue.

**IN WITNESS WHEREOF,** the above written parties have executed this instrument under their several seals this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, **20\_\_**, the name and corporate seal of each corporate party being affixed and these presents duly signed by its undersigned, pursuant to authority of its governing body.

|  |  |  |
| --- | --- | --- |
| **CONTRACTOR‑PRINCIPAL** |  | **SURETY** |
| [ENTER NAME OF PRINCIPAL] |  | [ENTER NAME OF SURETY] |
| **NAME OF BUSINESS ENTITY** |  | **NAME OF SURETY** |
|  |  |  |
| **SIGNATURE DATE** |  | **SIGNATURE: SURETY AGENT DATE** |
| *{SEAL}* |  | *{SEAL}* |
| [SIGNATORY NAME AND TITLE] |  | [SURETY SIGNATORY NAME AND TITLE] |
| **TYPE NAME AND TITLE** |  | **TYPE NAME AND TITLE** |
| [BUSINESS ADDRESS] |  | [SURETY BUSINESS ADDRESS] |
| **BUSINESS ADDRESS** |  | **BUSINESS ADDRESS** |
|  |  |  |
| **TELEPHONE:** [ENTER NUMBER] |  | **TELEPHONE :** [ENTER NUMBER] |
|  |  |  |
|  |  | **NAIC NUMBER:** [ENTER NUMBER] |

**Licensed Florida Insurance Agent?  YES  NO**

**License Number:** [ENTER NUMBER]

In accordance with the Invitation for Bids, if applicable, list the Lead Surety.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| LEAD SURETY |  | AGENT FOR SURETY |
|  |  |  |
| BY |  | SIGNATURE |
| [BUSINESS ADDRESS] |  | [SURETY BUSINESS ADDRESS] |
| SURETY ADDRESS |  | AGENCY ADDRESS |
|  |  |  |
|  |  | TELEPHONE : [ENTER NUMBER] |

STATE OF [ENTER STATE])

COUNTY OF [ENTER STATE]) SS

CITY OF [ENTER STATE])

The foregoing instrument was acknowledged before me by means of ☐ physical presence, or ☐ online notarization  
  
 this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NAME OF PERSON], as   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [TYPE OF AUTHORITY,… e.g. officer, trustee, etc.)] for   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED].

☐ Personally Known; OR

☐ Produced Identification. Type of identification produced:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[CHECK APPLICABLE BOX TO SATISFY IDENTIFICATION REQUIREMENT OF FLA. STAT. §117.05]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed, typed or stamped commissioned name of Notary Public)