

State of Oklahoma Office of Management and Enterprise Services Division of Capital Assets Management Construction and Properties

Statutory Defect Bond 61 O.S. 1991, Section 113 (B)(3)

KNOW ALL MEN BY THESE PRESENTS,					
That, as			Principal and		
a corporation orga in the State of Okl	anized under the laws of t ahoma, as Surety, are he	he State of ld and firmly boun	d unto the State of C	and authorize Oklahoma in the penal sum of	d to transact business
, ,,-					ars (\$)
payment of which		ade, we bind our	selves and each of	undred percent (100%) of the us, our heirs, executors, ac	
The cond	dition of this obligation is s	such that:			
WHERE	AS , said Principal entered	l into a written con	tract with the State o	of Oklahoma, dated	, for
specifications ther	refore, made a part of sa ment, 2401 N. Lincoln Blv	aid contract and o	n file in the Divisior	all in compliar n of Capital Assets Managem na 73105.	nce with the plans and nent, Construction and
NOW, The which may result to (1) year from and to be and remain i	HEREFORE, if said Principle reason of defective material after the acceptance of sin full force and effect.	pal shall pay or ca aterials and/or wor aid project by the	ause to be paid to the kmanship in connect State of Oklahoma;	e State of Oklahoma all dama tion with said work, occurring then this obligation shall be n ges or alterations in said Con	within a period of one ull and void, otherwise
this Bond. IN WITNI be hereunto affixe	ESS WHEREOF, the said	d Principal has cau	used these presents aid Surety has cause	to be executed in its name and these presents to be executed	nd its corporate seal to ted in its name and its
corporate seal to b	be hereunto affixed by its	attorney- in-fact, c	duly authorized so to	do, the day and year set forth	ı below.
DATED this	day of	,20	PRINCIPAL:		
			(Authorized Represen	tative Signature)	
			By:		
			(Authorized Represen	tative Printed Name)	
	(Principal Corporate	Seal)	(Authorized Represen	tative Printed Title)	
ATTEST:	(Notarial Seal & Sign	ature)	SURETY:		
	(, , , , , , , , , , , , , , , , , , ,		(Attorney-in-Fact Sign	ature)	
			Ву:		
			(Attorney-in-Fact Prin	ted Name)	
			(Surety Address)		
			(City, State, Zip)		
	(Surety Corporate S	eal)	(Telephone)	(Email)	