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BOND FOR MANUFACTURER AND DISTRIBUTOR
(Sections 2915.081 and 2915.082, Ohio Revised Code)

_____(Name of Manufacturer or Distributor), as Principal, and, _____(Name of Surety Company), a surety authorized to do business in the State of Ohio, are held and firmly bound to the State of Ohio and any person who may have a cause of action against the Principal obligor arising out of a violation of any provision of Chapter 2915 of the Ohio Revised Code or any rule adopted pursuant to this chapter, in the amount of fifty-thousand dollars ($50,000.00), lawful money of the United States for the payment of which we, and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally, firmly by this document.

WHEREAS, the above-named Principal has applied to the Attorney General of Ohio to be licensed as a Distributor or Manufacturer, in accordance with the provisions of Sections 2915.081 or 2915.082 of the Ohio Revised Code, and is required to furnish a surety bond upon application or renewal, and, if the Principal fully and faithfully observes all provisions of Chapter 2915 of the Ohio Revised Code, then this obligation shall be void; otherwise to remain in full force and effect.

The surety may cancel this bond at any time by submitting written notice of its intent to cancel or terminate this bond to the Attorney General by certified mail at least thirty (30) days prior to the cancellation. The surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty-day period.
This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Please attach the following documents. Incomplete submissions will delay application processing.

☐ A true and accurate copy of the bond.
☐ A copy of the Insurance/Surety Company's certificate of authority or valid Ohio license issued by the Ohio Department of Insurance.

Bond or Rider effective date: _____
Bond or Rider Number: _____

Principal (Name of Person, Corporation)	Insurance/Surety Company
_____	_____
Printed name of officer/title	Printed name and Title
_____	_____
Signature	Signature