

SURETY BOND VERIFICATION

Reply to: Department of Health Services
Licensing and Certification Program
Centralized Applications Unit
MS 3402
P.O. Box 997413
Sacramento, CA 95899-7413

BOND NO.: _____
\$ _____ premium is for a
term of _____ year(s)

California Health and Safety Code Section 1318, Chapter 2, Division 2 requires that licensed health facilities that handle money in excess of \$25 per patient or over \$500 for all patients in any month, be bonded for not less than \$1,000. This is to serve as a guarantee for the faithful and honest handling of the money of such patients.

INSTRUCTIONS: This form is to be completed by the bonding agency. In addition, attach an **original copy of the bond**. In the event of cancellation of the bond, please send notice to the above licensing office.

BE IT KNOWN THAT:

Facility Name _____

Facility Address _____ City _____

County _____ Zip code _____

State of California, as *Principal*, and

Bonding Agency _____

Agency Address _____ City _____

County _____ Zip code _____

State of _____, as *Surety*, are held and firmly bound unto the STATE OF CALIFORNIA in the full and just sum of _____ DOLLARS (\$ _____) for the payment of which the said Principal and said Surety bind themselves, their respective heirs, successors, and assigns, jointly and severally, firmly by these presents.

The **CONDITION** of this obligation is such that

WHEREAS, the Principal has applied for or has been issued a license by the State Department of Health Services to maintain or conduct a health facility pursuant to Chapter 2, Division 2, of the Health and Safety Code of the State of California; and

WHEREAS, by the terms of Section 1318 of said code, the Principal is required to file with the Department of Health Services, Licensing and Certification, the bond running to the State of California.

NOW, THEREFORE, if the above bounden Principal shall faithfully and honestly handle money of patients in the care of said Principal, then this obligation shall be null and void; otherwise to remain in full force and effect.

Every patient injured as a result of any improper or unlawful handling of the money of a patient of a health facility may bring an action in a proper court on the bond required to be posted by the licensee pursuant to this section for the amount of damage he/she suffered as a result thereof to the extent covered by the bond.

This bond may be canceled by the Surety in accordance with the provisions of Section 996.310 et seq. of the Code of Civil Procedure. This bond is effective _____ and continuous.
Date

IN WITNESS WHEREOF, we have subscribed our names and impressed our seals this _____ Day,

_____, _____,
Month Year

Bonding agent name (please print)

Bonding agent signature

BONDING AGENCY SEAL

