STEAMFITTERS' INDUSTRY FUNDS Construction Trades

Surety Bond Form

Employer Name

PLEASE NOTE:

PARTS I or II on page 3 (as applicable) must be completed and notarized.

PART III on page 3 is to be completed by the **Insurance Company only**

THE STEAMFITTERS' INDUSTRY FUND OFFICE

27-08 40th Avenue, 2nd Floor Long Island City, NY 11101-3725 Telephone 212 465-8888 E-mail: Fund0ffice@Steamny.com

BOND FOR FRINGE BENEFITS AND PAYMENT OF WAGES BY CHECK

KNOW ALL MEN BY THESE PRESENTS

That we	(Name of Employer)			
(of)		ration having an o	office and principa	l place of business at)
	(Address) (Delete Inapplicable	Material)		
	(Delete Inapplicable	Material)		
as Principal and	OY 60 (1)			
a	(Name of Surety)		corporation	having its office
			corporation	naving its office
nt	(Address)			
as Surety, are held and firmly bounce Retirement, Welfare, Security Ber United Association Training Fund Stand City, NY 11101, as Obligeer	nefit, Educational Funds, the S d and the Labor-Management	Steamfitting Indust Cooperation Com	ry Fund of New Y	ork and Long Island, Th
awful money of the United States bayment well and truly to be meach of their heirs, executors, a	ade the Principal and the Su	rety do hereby jo	intly and severall	ly bind themselves, and
WHEREAS, pursuant to a cer agreement(s) made between and directly, or through the Principal s obligated to pay the Obligees Agreement more fully set forth,	entered into by Enterprise As I's membership in the Mechanis s for the benefit of covered e	sociation of Stear ical Contractors A imployees in the	nfitters' Local 638 ssociation of New Steamfitting Indu	, AFL-CIO and Principa York, Inc.), the Principa stry certain sums in said
NOW THEREFORE, the cond	itions of this bond are as follo	ws:		
Agreement existing between the during the term of said Agreeme may be agreed upon in writing be n full force and effect, provided	nt or written modification, reretween the Principal and the O	ociation as above newal or extension bligees, then this	set forth, which she, or on such other condition shall be	all be payable each weel or dates or at such times a void, otherwise to remain
foresaid Collective Bargaining he bank upon which such checotherwise to remain in full force Fund of New York and Long Isl	eks are drawn immediately us and effect, provided that in the land shall notify the Surety of order this bond that the Princip Section 5-501 of the New York iquidated damages an additional petent jurisdiction. The reason	issued by the Pri pon proper presence event of default such default. all shall pay an inck General Obliganal amount equal	ncipal in payment entation, then this at by the Principal enterest rate of 16 pations Law from the to 20 per cent of the ections including a	of said wages be paid by condition shall be voice the Steamfitting Industry percent per annum or the de date due on all overdue the unpaid contributions a attorneys' fees, arbitrator
he penal sum or any delinquent by the Principal shall notify the S	fund payments or wage payr Surety of such default.	nents provided, h	owever, the Oblige	ees, in the event of defaul
simultaneously or successively made hereunder shall constitute	e a reduction of the liability of lled by the Surety at any time b piration of said 30 days cease a on of said 30 days. The Obligees	y exceed the pen of the Surety in the y giving 30 days on terminate excepts may institute suit	al sum above set to be full amount of s written notice to the pt as to such liabil	forth, and any payment aid payment ne Obligees in which even ity of the Principal as may
		Dated the	day of	, 20
Surety Bond Number			Employer	
		Dv.		
Name of Surety		By:Signature (President or Partner)		

Type or Print Name of Signor

President/Attorney in Fact

PART I

(To be used if employer is an individual or a partnership)

STATE OF COUNTY OF	} ss.:			
On the	day of	, in the year two thousand and	before me personally came	
		e the individual described in, and who exec		(Type or print name clearly)
		Y		
		No	otary Public Sign Here	
PART II	[(To be used if the em	ployer is a corporation	n)
STATE OF				
COUNTY OF	*			
On the	day of	, in the year two thousand and	before me personally came	
to me known,	who, being by m	ne dully sworn, did depose and say that he r	resides at:	(Type or print name clearly);that he is the
		of		
instrument is s			oard of	
		X	otary Public Sign Here	
		140	dary I done Sign Here	
PART II	I	(To be used by the St	urety)	
STATE OF COUNTY OF	ss.:			
On the	day of	, in the year two thousand and	before me personally came	
to me known,	who, being by m	ne dully sworn, did depose and say that he r	resides at:	(Type or print name clearly);that he is the
		of		,
	ate seal; that it w	d which executed, the foregoing instruments vas so affixed by order of the board of		
		X		
		Notary Publi	c Sign Here	