

Statutory Defect Bond 61 O.S. §113(B)(3)

	Office of Management & Enterpri	se Services ■ C	apital Assets Management ■ 0	Construction and Properties
Any singular reference to Principal, Surety, Owner or other party shall be considered plural where applicable. This document may not be altered or modified.				
KNOW ALL MEN	BY THESE PRESENTS,			
That		, as Princi	pal and	
a corporation organized under the laws of the State of and authorized to transact business the State of Oklahoma, as Surety, are held and firmly bound unto the State of Oklahoma in the penal sum of				
of which, well and assigns, jointly and	truly to be made, we bind ours d severally, firmly by these preso	elves and eac		Dollars (\$) in (100%) of the Contract price, for the payment ors, administrators, trustees, successors, and
The condition of tr	nis obligation is such that:			
WHEREAS, said I	Principal entered into a written c	ontract with the	e State of Oklahoma, dated	d, for
on file with the Ov	ber all in co vner (State of Oklahoma, Office 5 N. Stiles, Room 305, Oklahon	of Manageme	ent and Enterprise Service	ns therefore, made a part of said contract and s, Capital Assets Management, Construction
result by reason o	f defective materials and/or wor ptance of said project by the Sta	kmanship in c	onnection with said work, o	na all damage, loss, and expense which may occurring within a period of one (1) year from I be null and void, otherwise to be and remain
				s in said Contract and no deviations from the y of them, from the obligations of this Bond.
affixed by its duly		d Surety has c	aused these presents to be	ts name and its corporate seal to be hereunto e executed in its name and its corporate seal t forth below.
DATED this	day of	,20	PRINCIPAL:	
			_	
			(Authorized Representative Sign	ature)
		В	<i>I</i> ':	
		_,	/:(Authorized Representative Print	ed Name)
	(Principal Corporate Seal)		(Authorized Representative Prince	ted Title)
ATTEST:			SURETY:	
	(Notarial Seal & Signature)			
	(110101101 0001 01 0191101010)		(Attorney-in-Fact Signature)	
		Ву	/ :	
			(Attorney-in-Fact Printed Name)	
			(Surety Address)	
			(City, State, Zip)	
	(Surety Corporate Seal)		(Telephone)	(Email)