MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

DIVISION OF EMPLOYMENT SECURITY

421 East Dunklin Street, Post Office Box 59 Jefferson City, MO 65104-0059

SURETY BOND

(Financial Guarantee for Payment of Contributions)

Bond Number

REQUIREMENTS FOR COMPLETING FORM

- 1. Issued by licensed insurance company
- 2. Signed by Attorney-In-Fact
- 3. Signed by applicant4. Must bear insurance company seal
- 5. Must have effective date

6. Must be accompanied by a valid Power of Attorney letter

That I/We	(Owner's Name)		(Business Name)
of	(Owner's Name)	County, State	e of
as principal, and _			
a corporation duly	licensed for the purpose of mak	(Name of Surety ting, guaranteeing or bec	Company) oming sole surety upon bonds required or authorized by
the laws of the Ste	ata of Missouri, as suraty, are hal	d and firmly bound to the	e Missouri Department of Labor and Industrial Relations,
	•	-	
Division of Emplo	syment Security, in the penalty su	ım of	
	DOLI	_ARS (), lawful money of the United States, to be paid to
the Missouri Divi	sion of Employment Security, fo	r which sums of money,	well and truly to be paid, we bind ourselves, our heirs,
successors, assign	s, executors, and administrators, j	ointly and severally, firm	ly by these presents.
THE CONDITION	N OF THE FOREGOING OBLIC	GATION IS SUCH THAT	Γ,
Whereas, un	der Section 288.032.2 of the Mi	ssouri Employment Secu	urity Law, Chapter 288 RSMo, a lessor employing unit
may post a bond	of an amount as specified therei	n to insure timely paym	ent of contributions, payments in lieu of contributions,
interest, penalties	, and surcharges for which the le	essor employing unit ma	y be, or become, liable under the Employment Security
Law; and			
Whereas, not	later than the end of February o	f each calendar year here	eafter, the specified amount of the bond will be adjusted
if necessary; and,			
Whereas, said	d bond shall be deposited with th	e Director of the Missou	ri Division of Employment Security and maintained for
safekeeping by sa	id Director; and,		
Whereas, the	e following lessor employing ur	nit wishes to post with	the Director of the Missouri Division of Employment
Security a Surety	Bond:		
NAME OF L	ESSOR EMPLOYING UNIT _		
BUSINESS .	ADDRESS		
MAILING A	DDRESS		
FEDERAL I	DENTIFICATION NUMBER _		
MO. DES AG	CCOUNT NUMBER		

NAME(S), ADDRESS AND SOCIAL SECURITY NUMBER OF OWNERS, PARTNERS OR CORPORATE OFFICIALS:							
(1)							
(2)							
(3)							
(4)							
(5)							
NOW THEREFORE, if the said principal shall well and truly comply with all the provisions of the Missouri Employment Security							
Law, Chapter 288 RSMo, and any amendments thereto, and in particular pay all contributions, interest and penalties promptly when							
due, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.							
If said principal is delinquent, the Missouri Division of Employment Security will notify said surety. Surety then has thirty							
(30) days in which to make payment or contact the Missouri Division of Employment Security stating reasons payment has not been							
made.							
The said principal authorizes the release of the confidential tax information to said surety as long as this obligation remains in							
force and effect; releasing the Director of the Missouri Division of Employment Security and Division personnel from any and all							
liability pursuant to any disclosures to said surety of confidential tax information resulting from release of subject information.							
This obligation shall remain in force and effective for a period of not less than five (5) years from the initial date of bonding							
or until the Director of the Missouri Division of Employment Security releases said principal from the bonding requirement as set							
forth by Section 288.032.2 RSMo and supplement thereto. The surety may cancel the bond and be released of further liability							
hereunder by delivering sixty (60) days written notice to the principal and to the Director of the Missouri Division of Employment							
Security. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of the sixty (60) day							
period.							
IN WITNESS WHEREOF, we have duly executed the fo	oregoing obligation this						
day of A.D To be effective on the							
day of A.D	TCVVGUV<""™#puwtcpeg'Eqorcp{'Ugcn+"""						
Surety Company Name	CVVGUV<						
Please Print Attorney-In-Fact							
Signature of Attorney-In-Fact							
Surety's Street Address or P.O. Box							
City, State, Zip Code							
Signature of Owner, Partner or Corporate Officer of Business							

ACKNOWLEDGEMENT BY PRINCIPAL

INDIVIDUAL						
Notary Public Embosser Seal	State of Missouri County (or City of St. Louis)		On This Day of ,	before me		
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared			
	Name of Individual (print or type)		Known to me to be the person who executed the within			
	Type of Document		and acknowledge therein stated	edge to me that he/she executed the same for the purpose		
	Notary Public Signature					
	My Commission Expires		Use Rubber Stamp Here			
PARTNERSHIP			<u> </u>			
Notary Public Embosser Seal	State of Missouri County (or City of St. Louis)			On This Day of ,	before me	
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared			
	Name of Individual (print or type)		Known to me to be the person who executed the within			
	Type of Document and acknowled therein stated			e to me that he/she executed the same for the	ne purpose	
	Notary Public	Signature				
	My Commission Expires		Use Rubber Stamp Here			
CORPORATION						
Notary Public Embosser Seal	State of Missouri	County (or City of St. Louis)		On This Day of ,	before me	
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared			
	Name of Individual (print or type)		Known to me to be the person who executed the within			
			and acknowledge therein stated	e to me that he/she executed the same for the	ne purpose	
	Notary Public	Signature				
	My Commission Expires		Use Rubber Stamp Here			