

**SURETY BOND FOR
CARE FACILITIES AND SERVICES**

Bond No. _____

We, _____, of _____, City of _____, State of _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, with a place of business at _____, City of _____, County of _____, State of _____, and licensed to transact a surety business in the State of Nevada, as surety, are indebted to the State of Nevada, Department of Human Resources, Division for Aging Services, in the penal sum of _____ Dollars (_____), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The conditions of this obligation is that principal has been pursuant to Chapter 449 of the Nevada Revised Statutes (NRS) to operate a facility of intermediate care, skilled nursing, residential facility for groups, agency for nursing in the home or other care facility, and is required by said statute to furnish a bond on the terms and conditions set forth in such statute.

If principal and all of principal's agents and employees complies with the provisions of said statute, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal applies all funds received, and performs all obligations and undertakings made pursuant to the provisions of said statute in the conduct of a facility for intermediate care, skilled nursing, residential facility for groups, or agency for nursing in the home by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise it shall be in full force and effect.

This bond is intended to comply with the requirements of statute, and, in accordance with the provisions and requirements of statute, it is expressly provided that:

1. In accordance with the complaint procedure provided in NRS 427A.175, claim on this bond shall be made by a specialist for the rights of elderly persons upon determination by the specialist that principal is liable for damages to a patient.
2. The total aggregate liability of surety shall be limited to the sum of _____ Dollars (_____)
3. The State of Nevada, acting through the Division of Health, Bureau of Licensure and Certification, reserves the right, at any time, to terminate this bond, except as to any liability already incurred or accrued, by written notice of such termination to surety delivered or mailed by certified or registered mail.
4. Surety may cancel this bond and be relieved of further liability by giving 30 days' written notice to the Division of Health, Bureaus of Licensure and Certification at 4220 S. Maryland Pkwy. Suite 810, City of Las Vegas, State of Nevada, 89119, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.

In witness whereof the signature of the said Principal and the corporate seal and the name of the said Surety is hereto affixed this _____ day of _____, _____. This surety obligation shall become effective on the _____ day of _____, _____.

_____,
(Principal) _____, Surety

By: _____ By: _____
Attorney-in-Fact

Nevada Resident Agent Countersignature: Physical Address of Covered Facility or Agency
By: _____
Agency Name _____
Address _____