WEST VIRGINIA DIVISION OF LABOR 1900 KANAWHA BOULEVARD EAST CAPITOL COMPLEX, BUILDING 3, ROOM 200 CHARLESTON, WEST VIRGINIA 25305

WAGE PAYMENT SURETY BOND FOR SOLE PROPRIETOR OR PARTNER

Authorized by W. Va. Code §21-5-14(c)

	BOND NUMBER			
KNOW ALL MEN B	Y THESE PRESENTS THAT	(1)		
		Name of Principal		
the Principal, and (3)	Name of Surety	, as Sı	urety, licensed to do business in	the State of West
Virginia by the Office of the I	nsurance Commissioner, bind	ourselves, ou	ır heirs, executors, administrator	rs, successors, and
assigns, jointly and severally	, to the West Virginia Division	of Labor in th	e full amount of (4)	dollars
(\$) to	secure and guarantee the pa	ayment of wag	es and fringe benefits of the Pri	ncipal's employees.
The Principal is eng	gaged in (5) \square construction w	vork or \square the	severance, production or trans	portation of minerals
and is required by the Wage	Payment and Collection Act,	W. Va. Code	§21-5-14, to furnish this wage I	bond. As long as the
Principal honors its statutory	responsibility to pay employe	ee wages and	I fringe benefits when they are	due, no claim will be
made against this bond. If th	ne Principal defaults or otherw	rise fails to pay	y employee wages and fringe be	enefits as required by
the Wage Payment and Coll	ection Act, the Surety guaran	tees that it wi	Il honor the Division of Labor's	demand for paymen
under this bond upon the Pri	ncipal's default or failure to pa	y employee w	ages and fringe benefits.	
The continuing natu	re of this bond is such that it i	s required to r	emain in effect for a period of 1	year from the bond's
effective date unless the Su	rety gives written notice by co	ertified mail, r	eturn receipt requested, to the	Commissioner of the
Division of Labor and the Powritten notice.	rincipal that the Surety intend	ds to cancel t	he bond 60 days after the pos	t-marked date of the
Pertinent sections	of the Wage Payment and	Collection Ac	t and the legislative rule pron	nulgated thereunder
"Employer Wage Bonds," 42	CSR 33, are expressly incorp	orated as if th	ney were fully set forth herein ar	nd are made a part of
this bond. The effective date	of the bond is the (6)	_day of	,	_·
IN WITNESS WHER	REOF, the said Principal has I	nereunder set	its hand and affixed its seal, an	d the said surety has
caused its corporate name to	be signed hereto and its corp	oorate seal to	be hereunder affixed by its duly	authorized officer or
agent and executed this the	(7) of			
8)		9)		
Principal		•	Surety Corporation	
Complete Address of	 Principal		Address of Surety Corporation	1

Te	lephone Number of Principal		Phone Number of Surety Corporation
	Signature of Principal	11)	Signature of Surety
	Principal's Seal	13)	Raised Surety Seal
O C	If the principal has not adopted a seal, ne may be drawn by printing the name company and the word "SEAL" nd circling them	of the	W.Va. Code §2-2-6 requires a raised or embossed seal.
nowl	edgment by Principal		
14)	State of)	
,		 ,	
15)	County of		
•	County of), to-wit:	, a Notary Public in and for the count
15)	County of), to-wit:	
15) 16)	I, and state aforesaid, do hereby ce	rtify that	, a Notary Public in and for the county Name of Individual or Partner, signed the writing above or hereto annexed
15) 16) 17)	County of	rtify that	lame of Individual or Partner
15) 16) 17) 18)	County of	rtify that	Name of Individual or Partner, signed the writing above or hereto annexed, has this day, in my said
15) 16) 17) 18)	I, and state aforesaid, do hereby ce who, as Owr for Nam ty before me acknowledged the said	rtify that	Name of Individual or Partner, signed the writing above or hereto annexed, has this day, in my said
15) 16) 17) 18) 19) coun	County of	rtify that	Name of Individual or Partner, signed the writing above or hereto annexed, has this day, in my said eed of said corporation.
15) 16) 17) 18) 19) coun 20)	County of	rtify that	Name of Individual or Partner, signed the writing above or hereto annexed, has this day, in my said eed of said corporation, 20

nowl	edgment for Surety	
24)	State of)	
25)	County of), to	o-wit:
26)	Ι,	, a Notary Public in and for the county
27)	and state aforesaid, do hereby certify that	, who, as
28)	Title	, signed the writing above or hereto annexed, for
29)	Name of Surety Company	, a corporation, has this day, in my
said	county before me, acknowledged the said writing to be	the act and deed of said corporation.
29)	Given under my hand this day of	, 20
30)	Notary Public	
31)	My Commission Expires	
32)	Notary Seal	
	Approved as to sufficiency of form	n and manner of execution this
	day of	, 20
	Attorney General of the	State of West Virginia

***Please note that page 4 must be completed before the bond can be approved by the Attorney General.

By: _____

EMPLOYER'S AUTHORIZATION TO MAKE A DEMAND FOR PAYMENT UPON THE SURETY BOND FOR FAILURE TO PAY EMPLOYEE WAGES AND FRINGE BENEFITS

	, as the	Employer engaged in □ cons	struction
Printed Name work or \square the severance, production or transp	portation of minerals, understand that L	am required by the Wage Paym	ent and
Collection Act, W. Va. Code §21-5-14, to furnis		an required by the viagor dyn	on and
	my statutory responsibility to pay emp	slovee wages and fringe benefi	ts when
they are due, the Division of Labor will not			
employee wages and fringe benefits as requ	•		
Division of Labor will make a demand on the			
of Labor to use as much of the surety bond pr		• • •	
and owing.	coccus as necessary to pay employee	magos ana mingo sonono mar	aro ado
•	my obligation to pay employee wages	and fringe benefits, the Surety	has the
right to take action against me to recover the			
behalf.			,
Original Cianatura	 		
Original Signature	Date		
State of)		
otate of	/		
County of), to-wit:		
Ι,		_, a Notary Public in and for	
		•	
the county and state aforesaid, do hereby cert	ity that		
who, as	, signed the writing	g above or hereto annexed,	
for	а	corporation has this day in	
	, u	corporation, mas this day, in	
my said county before me acknowledged the s	aid writing to be the act and deed of sa	id corporation.	
Given under my hand this	day of	, 20	***
Notary Public			
My Commission Expires			
Naton: Coal			
Notary Seal			
	1		
	***Please note this form must be sig		
	The signature date and the acknowle	dgment date must match.	