



BOND NUMBER \_\_\_\_\_

**MANUFACTURED HOME STABILIZING SYSTEM INSTALLER'S BOND**

(Required by TENNESSEE CODE ANNOTATED, TITLE 68, CHAPTER 126, PART 4)

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_, located in \_\_\_\_\_

State of \_\_\_\_\_, a **Principal**, and

The \_\_\_\_\_, a Surety Company duly licensed to do business

in the State of Tennessee, and whose principal office is located in \_\_\_\_\_,

State of \_\_\_\_\_, as **Surety**, are held and firmly bound unto the State of Tennessee,

Department of Commerce and Insurance, **Obligee**, in the sum of ten thousand and 00/100

(10,000.00) dollars, lawful money of the United States, to be paid to the said Obligee, for which payment will and truly be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

**THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH**, that if the said Principal, upon receipt of the written approval of the State Fire Marshal to install Manufactured Home Stabilizing Systems in the State of Tennessee, will fully comply with the Tennessee Manufactured Home Anchoring Act, **TENNESSEE CODE ANNOTATED, TITLE 68, CHAPTER 126, PART 4** and all rules promulgated there under, including all amendments or pay to said Obligee the reasonable cost of correcting any non-complying stabilizing system(s) installed by said Principal, then this obligation to be void, otherwise to remain in force and effect **for the licensure period**, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, be certified mail, to the office of the Tennessee State Fire Marshal and to the Principal, and at the expiration of thirty-five (35) days from the mailing of said notice, this Bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**PRINCIPAL:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**SURETY:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

(Name and Address of Company)

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