

**FORM 11B \$5,000 LICENSE BOND**

**FOR CONCRETE LAYER, ASPHALT PAVER, MUDJACKER, SEWER DRAIN CLEANER,  
SEWER CCTV INSPECTOR AND/OR PRIVATE SNOW REMOVAL EQUIPMENT OPERATOR  
FOR PRIVATE PROPERTY**

**ONLY THIS FORM IS ACCEPTABLE - MUST BE COMPLETED IN ITS ENTIRETY**

**SUBMIT COMPLETED BONDS TO  
CONTRACTORPREQUALIFICATION@CITYOFMADISON.COM**

**Or  
CITY ENGINEERING - PUBLIC WORKS  
210 MARTIN LUTHER KING JR BLVD, RM 115  
MADISON, WI 53703-3342**

**Questions may be directed to ContractorPrequalification@cityofmadison.com**

Bond Number: \_\_\_\_\_ MUST BE FILLED IN

Know All Men By These Presents, That: \_\_\_\_\_ NAME OF COMPANY

as principal, and \_\_\_\_\_ SURETY NAME

Company of: \_\_\_\_\_ CITY /STATE/ZIP CODE

as surety, are held and firmly bound unto the City of Madison, Wisconsin in the sum of Five Thousand Dollars (\$5,000) lawful money of the United States for the payment of which sum to the City of Madison, we hereby bind ourselves and our prospective executors, and administrators firmly by these presents. WHEREAS, the above bounden (COMPANY NAME) \_\_\_\_\_

shall faithfully comply with all Ordinances, rules and regulations and specifications adopted by the Common Council of the City of Madison, or made by the City Engineer in relation to the construction and performance of work involving: (Please check all that apply)

CONCRETE LAYER,  
ASPHALT PAVER,  
MUDJACKER,

SEWER DRAIN CLEANER,  
SEWER CCTV INSPECTOR AND/OR  
PRIVATE SNOW REMOVAL EQUIPMENT OPERATOR  
LANDSCAPING PAVERS/OTHER

in the City of Madison and will pay all damages, costs and expenses caused by the negligence of himself or his employees or his subcontractor(s), or occasioned by his/her or their failure to comply with such Ordinances, rules, or regulations and specifications, then this obligation to be void and of no effect, otherwise to be in full force, virtue and effect for a period of one year from the date of signing and sealing.

This Bond Expires: \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
TYPED NAME OF PRINCIPAL OF COMPANY BEING BONDED (SEAL)

By: \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
SURETY NAME (SEAL)

By: \_\_\_\_\_ (SEAL)  
ATTORNEY-IN-FACT SIGNATURE AND TYPED NAME

**This Section must be completed with License Number and Power of Attorney Attached**

This certifies that I have been duly licensed as an agent for the above Company in Wisconsin, under License No. \_\_\_\_\_ for year: \_\_\_\_\_ and appointed as Attorney-in-Fact with authority to execute this Bond which Power of Attorney has not been revoked. **ATTACH THE POWER OF ATTORNEY.**

\_\_\_\_\_  
NAME OF AGENT

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
ADDRESS OF AGENT

\_\_\_\_\_  
PHONE NUMBER OF AGENT

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FAX NUMBER