





**SURETY BOND FOR BRINE  
 TRANSPORTATION SYSTEM (Form 18)**

(REV913)

<b>PRINCIPAL <i>(PRINTED NAME)</i></b>	<b>SURETY <i>(PRINTED NAME)</i></b>
State of _____	State of _____
County of _____	County of _____
The foregoing bond was acknowledged before me this  _____ day of _____, 20____	The foregoing bond was acknowledged before me this  _____ day of _____, 20____
on behalf of _____ <i>(PRINCIPAL)</i>	on behalf of _____ <i>(SURETY)</i>
by _____ <i>(AUTHORIZED AGENT)</i>	by _____ <i>(AUTHORIZED AGENT)</i>
_____ <i>(NOTARY PUBLIC)</i>	_____ <i>(NOTARY PUBLIC)</i>
_____ <i>(DATE COMMISSION EXPIRES)</i>	_____ <i>(DATE COMMISSION EXPIRES)</i>
<b><i>(SEAL)</i></b>	<b><i>(SEAL)</i></b>

**A CERTIFICATE OF COMPLIANCE SIGNED BY THE SUPERINTENDENT OF INSURANCE OF OHIO, MUST BE ATTACHED TO THIS BOND. WHEN PRINCIPAL OR SURETY EXECUTES THIS BOND BY AGENT, POWER OF ATTORNEY OR OTHER EVIDENCE OF AUTHORITY MUST BE ATTACHED.**