



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
1500 East Sixth Avenue • P.O. Box 200103 • Helena MT
59620-0103 Phone: 406 444-3104

LABOR & MATERIAL PAYMENT BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS, that we:

(Contractor), hereinafter called the Principal, and

(Surety), a corporation licensed to do business as a surety under the laws of the State of Montana, hereinafter called
Surety, are held and firmly bound unto the State of Montana in the full and just sum of:

(_____)

to be paid to the State of Montana or its assigns, to which payment we bind ourselves, heirs, executors, administrators,
successors and assigns, jointly, severally, firmly by this bond.

WHEREAS, the Principal has entered into a contract with the State of Montana, acting by and through its Director,
Department of Administration dated _____ and whereas it is one of the conditions of the award of the contract
pursuant to statutes that this bond be executed for the Project entitled:

NOW, THEREFORE, the conditions of this obligation are such that if the above Principal as Contractor shall promptly and
faithfully perform all of the provisions of the contract, and all obligations thereunder including the specifications, and any
alterations provided for, and shall in a manner satisfactory to the State of Montana, complete the work contracted for
including any alterations, and shall save harmless the State of Montana from any expense incurred through the failure of
the Contractor to complete the work as specified, then this obligation shall be void; otherwise it shall remain in full force
and effect.

The surety hereby waives notice of any extension of time and any alterations made in the terms of the contract, unless the
cumulative cost of such alterations cause the total project cost to exceed the original contract sum by more than 10%.

FOR STATE USE ONLY:

Surety is licensed in MT: Yes No

Date Verified: _____

Verified By: _____

Architecture & Engineering Div.
Department of Administration
State of Montana

Contractor: _____

Signature

Print Name

Date

Surety: _____

Print Name

Date

By: _____

Attorney-in-Fact, Seal & Signature

Agency

Street Address

Mailing Address

Phone

Fax