

OHIO BUREAU OF WORKERS' COMPENSATION

Professional Employer Organization (PEO)

Surety Bond

Bond No. \_\_\_\_\_

PEO Policy No. \_\_\_\_\_

We, \_\_\_\_\_  
of \_\_\_\_\_, a professional employer  
organization, as principal, and  
\_\_\_\_\_ of the State of  
\_\_\_\_\_, as surety, are held and firmly bound unto the  
State of Ohio for the use and benefit of client employers of the  
principal in the sum of \_\_\_\_\_  
no/100 (\$\_\_\_\_\_) Dollars, for the payment of  
which, well and truly to be made, the principal binds itself, its  
successors, and assigns, and the surety binds itself and its  
successors and assigns, jointly and severally, firmly by this  
bond.

The principal has entered into a written agreement  
with one or more client employers to provide services as a  
professional employer organization. The principal has agreed  
to pay the premiums of its client employers under Ohio  
Revised Code §§4125.01 to 4125.99 and administrative  
rules adopted thereunder. The principal is required to furnish  
a bond or other security on terms and conditions set forth in  
the workers' compensation law of Ohio.

IN TESTIMONY WHEREOF,

The principal has caused this duly authorized officer

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

At \_\_\_\_\_

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

Principal

FOR: \_\_\_\_\_

Signed in the presence of

\_\_\_\_\_

The condition of this obligation is such that if the said principal  
shall pay the semi-annual workers' compensation premiums  
on a timely and accurate basis, according to the terms,  
provisions, and limitations of said law (and its amendments  
and supplements), the adopted administrative regulations,  
and the written agreements with the client employers, then  
this obligation shall be null and void; otherwise it shall remain  
in full force and effect. This condition is subject, however, to  
the following:

1. The term of this bond is for the twelve (12) month period  
beginning \_\_\_\_\_ and  
ending \_\_\_\_\_.

2. Neither this bond nor any renewal or continuation  
certificate of it may be canceled during the term as set out  
above, except by action or approval of the Administrator of the  
Bureau of Workers' Compensation.

The surety has caused this duly authorized officer

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

At \_\_\_\_\_

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

Surety

FOR: \_\_\_\_\_

\_\_\_\_\_

(Address of surety)

Signed in the presence of

\_\_\_\_\_

Authorization certificate for officer or representative of surety  
must be attached.

Original to be filed with Bureau of Workers Compensation.  
Duplicate and triplicate to be retained by surety and/or  
principal.

BWC PEO Bond Form (10/04/2004)

