

**SURETY BOND FOR
HEALTH CARE FACILITIES AND SERVICES**

Bond No. _____

We, _____, of _____, City of _____, State of _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, with a place of business at _____, City of _____, County of _____, State of _____, and licensed to transact a surety business in the State of Nevada, as surety, are indebted to the State of Nevada, Department of Health and Human Services Division for Aging & Disability Services in the penal sum of _____ Dollars (\$_____), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The conditions of this obligation are that the principal has applied for licensure pursuant to Chapter 449 of the Nevada Revised Statutes (NRS) to operate a facility of intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home and is required by said statute to furnish a bond on the terms and conditions set forth in such statute.

If principal and all of principal's agents and employees complies with the provisions of said statute, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal applies all funds received, and performs all obligations and undertakings made pursuant to the provisions of said statute in the conduct of a facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise it shall be in full force and effect.

This bond is intended to comply with the requirements of statute, and, in accordance with the provisions and requirements of statute, it is expressly provided that:

1. In accordance with the complaint procedure provided in NRS 427A.175, claim on this bond shall be made by a Specialist for the Rights of Elderly Persons upon determination by the Specialist that principal is liable for damages to a patient.
2. The total aggregate liability of surety shall be limited to the sum of _____ Dollars (\$_____)
3. Surety may cancel this bond and be relieved of further liability by giving 30 days' written notice to the Administrator of the Division of Public and Behavioral Health, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.

In witness whereof the signature of the said Principal and the corporate seal and the name of the said Surety is hereto affixed this _____ day of _____, 20____. This surety obligation shall become effective on the _____ day of _____, 20____.

_____,
(Principal) _____, Surety

By: _____ By: _____
Attorney-in-Fact

Nevada Resident Agent Countersignature: Physical Address of Covered Facility or Agency
By: _____
Agency Name _____
Address _____