Security	Bond	No.

SECURITY BOND

THE ST	ΓATE OF					
COUN	ГҮ ОГ					
KNOW	ALL	MEN	BY	THESE	PRESENTS;	That we
				with	a primary in	office address of County
	, ("Prin	<i>cipal</i> ") and				
a THE	UNIVERSITY	OF HOU	STON S	SYSTEM ("Ow	<i>urety"</i>), are held <i>ner"</i>), in th	and firmly bound unto e penal sum of Dollars
(\$	action Cost Limita) ir	lawful m	oney of the Unit	ed States or Fiv	re Percent (5%) of the
bind ou presents	urselves, our heirs s.	s, executors, a	dministrato	ors and successors	s, jointly and sev	I and truly be made, we verally, firmly by these cipal shall execute the
contrac materia and Sur Proposa perform	t for the construct ls furnished in the rety will pay Own al of the said Pri	ction of the F e prosecution there the different neipal and the latter amount	Project (the hereof, then here in mone amount f	"Contract") and in this obligation shay between the am for which Owner	for the prompt hall be null and v hount of the Guar legally contracts	aful performance of the payment of labor and oid, otherwise Principa canteed Maximum Prices with another party to shall liability hereunder
State of extension or the shereby	f Texas, and that on of time, alteration pecifications according	the said sure ion or addition ompanying the ny such chang	ty, for value to the term same shall	ue received hereb as of the Contract of I in any wise affect	y stipulates and or to the work to et its obligation o	all lie in Harris County agrees that no change be performed hereundern this bond, and it does ne terms of the Contrac
deemed		his the				one of which shall be [Date of Bond
ATTES	T:			Principal		
Princip	oal) Secretary			BY		
(SEAL)	-					
Off: f	the Consent Council					

Office of the General Counsel Security Bond Form OGC-S-2011-09

	(Address)		
(Address)	<u> </u>		
ATTEST:	Surety		
(Surety) Secretary	BY:		
(SEAL)			
	Address		
Witness as to Surety	_		
(Address)	_		

NOTE: If contractor is a partnership, all partners should execute this bond on behalf of the partnership.

The address of the surety company to which any notice of claim should be sent may be obtained from the Texas Department of Insurance by calling the toll-free telephone number for the Texas Department of Insurance at 1-800-252-3439.