STATE OF NEW JERSEY

TEMPORARY HELP SERVICE

STATE OF New Jersey Bond #_____

COUNTY/CITY OF _____/_____

KNOW ALL PEOPLE BY THIS DOCUMENT: THAT _____ as principal, with principal office and place of business located at _____ _____Temporary help service and _____ a _____ _____corporation authorized or admitted to do business in New Jersey, are held and firmly bound unto the State of New Jersey, for the use and benefit of all persons establishing legal rights hereunder, in the amount of _____ _____ to the payment of which we hereby bind ourselves, our heirs, administrators, executors, successors and assigns firmly bound by this document.

WHEREAS, the aforesaid principal has filed a notification with the Attorney General of the State of New Jersey for a Temporary Help Service Firm registration authorizing the person to whom it is issued to operate a Temporary Help Service Firm and perform the functions for which the principal is registered in conformity with an act of the legislature of the State of New Jersey and whereas N.J.S.A. 56:8-1.1 requires these principals to be registered with the Division of Consumer Affairs and, to deposit a bond in the amount _____ _____

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall faithfully and truly fulfill all of its service or product contracts, and not file for bankruptcy or for similar protection under law, then this obligation shall be void; otherwise, it remains in full force and effect as security for the use of any person who, after entering into a service or product contract, with the above named principal, is damaged or suffer any loss by reason of breach of contract or bankruptcy by this principal.

Surety Bond Sample
Provided by BondAbility

This bond shall become effective on the _____ day of _____ ____,

at twelve and one minute o'clock A.M., Eastern Time, and continues in effect until the Surety withdraws from this bond by giving 90 days advance written notice by registered mail to the Chief, Bureau of Employment and Personnel Services/THS, Room 518, 1100 Raymond Boulevard, Newark, New Jersey 07102. The 90 days shall begin to run on the day following the Chief's receipt of the notice.

In order to draw funds on this bond, the Director of the Division of Consumer Affairs shall present the following document to the Surety:

AFFIDAVIT SWORN TO AND SIGNED BY THE DIRECTOR OF THE DIVISION OF CONSUMER AFFAIRS

OF THE STATE OF NEW JERSEY, STATING THAT _____

HAS NOT SATISFACTORILY PERFORMED ITS OBLIGATIONS TO A PERSON WHO, AFTER ENTERING

INTO A SERVICE OR PRODUCT CONTRACT, HAS BEEN DAMAGED OR SUFFERED A LOSS BY REASON

OF VIOLATION OF N.J.S.A. 56:8-1.1 BREACH OF CONTRACT, OR BANKRUPTCY BY THIS APPLICANT,

SUBJECT TO THE PROVISIONS OF N.J.S.A. 56:8-1.1

In no event shall the aggregate liability of the surety for all claims under this bond exceed the amount of this bond.

Signed, sealed, and dated this _____ day of _____ ____.

_____ (Seal)
Principal

BY: _____

_____ (Seal)

_____

_____

BY: _____
Attorney-in-Fact

Signed and acknowledged by Surety's agent before me this _____day of _____ , ____ .

My commission expires _____

_____
Notary Public

Surety Bond Sample
Provided by BondAbility