Employer's Wage Bond	Bond No
KNOW ALL MEN BY THESE PRESENTS, that we	(name of employer)
a, herein called the "Printing (indicate corporation, partnership or sole proprietorship)	cipal" and,
No. 9, IBEW , a labor union having its principalllinois, as Obligee, in the penal sum of three we journeyman/lineman, foreman, apprentice, etchetween Local Union No. 9, IBEW and the Pri	, herein called the "Surety", are hereby bound unto Local Union all place of business at 4415 W. Harrison St., Suite 330, Hillside teks of wages (i.e., 120 hours at each employee's wage rate – e.g. – as contained in the current collective bargaining agreement acipal) for each employee working pursuant to the provisions of bloyed by the Principal, to the Obligee, for the payment of which successors and assigns.
	e Principal is employing employees represented by Local Union collective bargaining agreement under which the Principal has to members of the Obligee.
employees working pursuant to the provisions	Principal shall meet its obligations to pay in full the wages for all of the collective bargaining agreement who are employed by the ond shall be void, otherwise it will remain in full force and effect overal.
	or collection costs. In the event any action is necessary by the irety shall pay all costs and attorney fees incurred by the Obligee
	ty (30) days after receipt by the Obligee of the Surety's written Written notice of cancellation shall be sent to the Obligee c/c ison Street, Ste. 330, Hillside IL 60162.
The effective date of this bond is	, 20
Principal Authorized Signature	Surety Agent and attorney- in-fact signature

Printed name

Address

City, state, zip

Date ____

Phone

Email _____

A Power of Attorney and notarial acknowledgement must be submitted with this bond.

Address

City, state, zip

Printed name

Date _____

Phone

Email _____

Employer's Fringe Benefit Bondfor employers with **more than thirteen employees** working in Local Union No. 9 IBEW's jurisdiction Bond No. _____

KNOW ALL MEN BY THESE PRESENT	S , that we	
h ausin a	(name of employer)	
(indicate corporation, partnership or sole prop	s in Illinois, herein called the "Surety"	, are hereby bound unto Local Union No. 9,
Local Union No. 9, IBEW and Out Local Union No. 9, IBEW and Out	side Contractors Health and Welfare side Contractors Supplemental Uner side Contractors Defined Contribution Idle States Electrical Contractors Ass	nployment Benefit Fund on Pension Fund
	incipal, for fringe benefit contribution	t to the provisions of the collective bargaining s to the Obligees and any liquidated damages ands itself, its successors and assigns.
	ve bargaining agreement under which	rees represented by Local Union No. 9, IBEW , the Principal has agreed to pay make certain amages assessments.
(and any liquidated damages assessed	thereon) to the Obligees for all employ are employed by the Principal, then the	cions to pay in full fringe benefit contributions rees working pursuant to the provisions of the obligation created by this bond shall be void, nder is joint and several.
		nt any action is necessary by the Obligees to s incurred by the Obligees in prosecuting such
cancellation sent by certified mail. Wr	ritten notice of cancellation shall be ser	the Obligees of the Surety's written notice of at to the Obligees c/o Board of Trustees, Local Corporate Center, Suite 430, Westchester IL
Principal and Surety hereby acknowledgement cannot be limited to		bond, power of attorney and/or notarial
The effective date of this bond is	, 20	
Principal	Surety	
Authorized	Agent and attorney-	
Signature		
Printed name		
Title		
Date		
Address	Address	
City state zin	City state zin	

A Power of Attorney and notarial acknowledgement must be submitted with this bond.

Employer's Fringe Benefit Bond for employers with thirteen or fewer employees working in Local Union No. 9 IBEW's jurisdiction Bond No. _____

jurisuiction			
KNOW ALL MEN I	BY THESE PRESENTS, that we		
а	, herein called the "Prin	(name of employer)	
(indicate corporation a surety licensed	n, partnership or sole proprietorship) to transact business in Illinois, he	erein called the "Surety",	are hereby bound unto Local Union No. 9, , Suite 330, Hillside, Illinois, and to
Local Union N Local Union N Local Union N Local Union N	No. 9, IBEW and Outside Contract No. 9, IBEW and Middle States Ele ce and Journeyman Training Fur	tors Health and Welfare tors Supplemental Unen tors Defined Contributio ectrical Contractors Ass	nployment Benefit Fund on Pension Fund
			to the Obligees and any liquidated damages nds itself, its successors and assigns.
with which the Pr		agreement under which	ees represented by Local Union No. 9, IBEW , the Principal has agreed to pay make certain amages assessments.
(and any liquidate collective bargaini	ed damages assessed thereon) to th	ne Obligees for all employ by the Principal, then the	ions to pay in full fringe benefit contributions ees working pursuant to the provisions of the obligation created by this bond shall be void, der is joint and several.
			nt any action is necessary by the Obligees to incurred by the Obligees in prosecuting such
cancellation sent b	by certified mail. Written notice of	f cancellation shall be sen	the Obligees of the Surety's written notice of t to the Obligees c/o Board of Trustees, Local Corporate Center, Suite 430, Westchester IL
	rety hereby acknowledge that cannot be limited to a specific dol		bond, power of attorney and/or notarial
The effective date	of this bond is	, 20	
Authorized		Agent and attorney-	
Printed name		Printed name	
Title		Title	
Date			
		P	

A Power of Attorney and notarial acknowledgement must be submitted with this bond.