HOME CARE ORGANIZATION DISHONESTY BOND

HOME CARE ORGANIZATION APPLICANT/LICENSEE ("LICENSEE") NAME				
HOME CARE ORGANIZATION APPLICANT/LICENSEE MAILING ADDRESS	CITY	STAT	E	ZIP CODE
SURETY COMPANY		ARE	A CODE/TEL	EPHONE
		()	
SURETY COMPANY ADDRESS	CITY	STAT	E	ZIP CODE
LOCAL AGENT NAME		ARE	A CODE/TEL	EPHONE
		()	
HOME CARE ORGANIZATION NAME (If doing business in name other than that of	of Applicant/Licensee above)	·		
HOME CARE ORGANIZATION ADDRESS (If different from that of Applicant/Licer	nsee) CITY	STA	E	ZIP CODE
HOME CARE ORGANIZATION NUMBER (IF APPLICABLE)		,		
BE IT KNOWN THAT:				
heirs, successors and assigns, jointly and several WHEREAS Health and Safety Code Sections 179 Home Care Organization to maintain a bond again WHEREAS the Licensee has applied to operate a NOW, THEREFORE, the Surety is liable on this be	96.37(a)(4) and 1796.42 inst employee dishonest a Home Care Organizati	y that incudes third poor; on; y Clients are damage	arty cov	erage; and y dishonest or
	mbezziement, conversio	ii oi common law mac	ia oi ac	
fraudulent act, including but not limited to theft, er the Principal's employees.				cen by Fillicipal of
fraudulent act, including but not limited to theft, en the Principal's employees. Any Clients of the Principal, damaged as a result employees, may file a claim with the Surety or bri	ing an action in a proper			the Principal's
fraudulent act, including but not limited to theft, er	ing an action in a proper id. in effect, the number of lice	court on the bond for censee renewal terms	the am	the Principal's ount of damages

I certify under penalty of perjury under the laws of the State of California.

SURETY COMPANY SIGNATURE	BOND NUMBER	DATE		
NAME OF ATTORNEY IN FACT FOR SURETY COMPANY	SIGNATURE OF ATTORNEY IN FACT FOR SURETY COMPANY			
PRINCIPAL	SIGNATURE OF PRINCIPAL	DATE		