

RESIDENT FUND SURETY BOND

1. KNOW ALL MEN BY THESE PRESENTS, THAT

_____ in the city of _____

in the county of _____ in the State of _____

as Principal, now or about to be licensed by the Wisconsin Department of Health and Social Services to provide residents with long term care at the long-term care facility known as

_____ located in the city of _____

in the county of _____ in the State of Wisconsin,

and _____

as Surety, a company duly authorized to transact surety business in the State of Wisconsin, are hereby held and firmly bound unto the Wisconsin Department of Health and Social Services in the penal sum of _____ for the payment of which, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

2. WHEREAS the Principal is now engaged or about to be engaged in the business of providing long-term care to residents of the above referenced facility and the Principal as an incident to such business in now accepting or is about to accept funds from some or all of such residents for management and safekeeping.

3. NOW, THEREFORE, THE CONDITION OF THIS BOND IS SUCH, that if the Principal while engaged in such business described in paragraph two (2) above shall faithfully account for such residents funds so received, then this obligation to be null and void, otherwise to be in full force and effect.

4. PROVIDED FURTHER, that the aggregate obligation of the Principal and Surety under this bond shall be limited in total to the penal sum thereof as herein established or as subsequently amended by any duly executed rider.

5. PROVIDED FURTHER, that this bond shall be executed by the Principal and Surety and filed at the Wisconsin Department of Health and Social Services, 1 West Wilson Street, Madison, WI 53701.

6. PROVIDED FURTHER, that the term "residents" as employed in this bond shall include all persons presently and hereafter residing in the above referenced facility and all persons who after a term of residence in the above referenced facility are voluntarily or involuntarily discharged.

7. PROVIDED FURTHER, that the term "other responsible parties representing such residents" as employed in this bond shall include the resident's guardian, Legal Representative, the parent of a minor resident or a member of the residents' immediate family.

8. PROVIDED FURTHER, that this bond shall be continuous in form and may be terminated by the Surety upon its giving sixty (60) days written notice to the Principal of such termination, and the Surety shall simultaneously file a copy of such notice with the Wisconsin Department of Health and Social Services at the address provided in paragraph 5 above.

9. IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____ day of _____, _____.

Name of the Surety _____

Attorney-in-Fact _____

Address of the Surety _____

Name of the Principal _____

By Agent of the Principal _____

Address of the Principal _____

Accepted as to Form and Content:

Wisconsin Department of Health and Social Services

By: _____

Title: _____