


<b>Permit No:</b> <b>(DMLR use only)</b>	
<b>Bond Applied To:</b> <b>(DMLR use only)</b>	
<b>Bond No:</b>	

	COMMONWEALTH OF VIRGINIA
	VIRGINIA DEPARTMENT OF ENERGY DIVISION OF MINED LAND REPURPOSING 3405 MOUNTAIN EMPIRE ROAD; BIG STONE GAP, VA 24219 TELEPHONE: (276) 523-8100

**SURETY BOND - Federal Lands**

**KNOW ALL MEN BY THESE PRESENTS:** That we, \_\_\_\_\_, hereafter called the **Principal**, and \_\_\_\_\_, hereafter called the **Surety**, or **Sureties**, are held and firmly bound unto the **COMMONWEALTH of VIRGINIA**, Director, Division of Mined Land Reclamation (DMLR), and the Office of Surface Mining Reclamation and Enforcement of the U. S. Department of the Interior (OSMRE), in the sum of \_\_\_\_\_ (\$ \_\_\_\_\_ ) Dollars. For the payment thereof the Principal and Surety (ies) bind themselves, their heirs, executors, administrators, successors, severally, firmly, by these presents.

WHEREAS, the Principal proposes to commence coal surface mining, to be known as \_\_\_\_\_ in \_\_\_\_\_ County(ies), of Virginia.

Now, therefore, the condition of this obligation is such that if the Principal shall comply with the operations plan, including the drainage and reclamation plans as filed with the DMLR under Permit Number \_\_\_\_\_ and furnish such information and reports thereon as may be required, in compliance with all the rules and regulations of said Division and with the laws of the COMMONWEALTH of VIRGINIA relating thereto, then this obligation shall be null and void; otherwise, it shall remain in full force and effect until the release by the DMLR in accordance with Chapter 19, Title 45.1 of the **Code of Virginia**, as amended. In the event that this performance bond is declared forfeited, in whole or in part, according to law, the Surety will cause the principal sum or appropriate part hereof to be delivered to the DMLR immediately upon the written demand of the DMLR; provided, that should the Cooperative Agreement between the DMLR and OSMRE be terminated at the time of forfeiture, the Surety will deliver said sum, upon demand, to the OSMRE.

WHEREAS, the Surety will notify the DMLR, the OSMRE, and the Principal of any notice received or action filed alleging the insolvency or bankruptcy of the Surety company, or alleging any violations or regulatory requirements which could result in suspension or revocation of the Surety's license to do business or render the Surety incapable of fulfilling its obligations under the bond for any reason. This notification will also apply to increase or decrease riders/stipulations affecting the original amount of this bond.

**SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_ .**



**II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.**

\_\_\_\_\_  
Surety Name (SEAL) By: \_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Date Attorney-in-Fact Name (printed or typed)

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT  
COMMONWEALTH OF VIRGINIA**

(or, alternatively, Commonwealth or State of \_\_\_\_\_  
CITY/COUNTY OF \_\_\_\_\_, to wit:

I, the undersigned notary public, do certify that \_\_\_\_\_  
personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the  
attorney-in-fact of \_\_\_\_\_  
the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of  
Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Name (printed or typed) Notary Public Signature (SEAL)

My Commission expires: \_\_\_\_\_ Registration No. \_\_\_\_\_

- III. BY ISSUING AGENT:**
- 1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance.**
  - 2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.**

Insurance Agency Issuing Surety Bond (provide the following information):

Agency name: \_\_\_\_\_  
Agency address: \_\_\_\_\_  
Authorized agent: \_\_\_\_\_  
Authorized agent address: \_\_\_\_\_  
Office telephone number: \_\_\_\_\_

**IV. DIVISION APPROVAL:**

**ACCEPTED:** \_\_\_\_\_ Date: \_\_\_\_\_  
Division of Mined Land Repurposing