TOBACCO WEIGHPERSON BOND

BOND TYPE: _____ BLANKET ____INDIVIDUAL   BOND NO. _____

     KNOW ALL MEN BY THESE PRESENTS that we _____

of _____ as principal and _____

a corporation of the State of _____with its home office operated in the city of

_____, State of _____ hereinafter

called the Surety, are held and firmly bound unto the Commonwealth of Kentucky, Department of Agriculture, Division of

Regulation & Inspection, in the penal sum of $_____for the payment of which, well and truly to be made, the

said _____as principal and THE _____as surety bind

themselves, their heirs, executors, administrators, successors and assignees firmly by these presents.

     WHEREAS,_____of_____

                    (Tobacco Warehouse)   (Address)

_____has designated_____

to the Department of Agriculture, Division of Regulation & Inspection, of the Commonwealth of Kentucky as a weighperson

in the _____

                                    (Tobacco Warehouse)

and in accordance with the provisions of KRS 248.410 which requires by law the filing of bond as hereinafter provided.

     NOW THEREFORE, the condition of this obligation is such that if the_____

_____on and after the _____day of _____,

(year)_____shall faithfully perform all of his/her duties as weighperson, then this obligation shall be void, otherwise in full

force and effect.

     PROVIDED HOWEVER, that this bond is executed and accepted subject to the following express conditions:

     1. The liability of the Surety on Account of the person covered by this bond shall not exceed the amount designated

in said bond.

     2. Either the Surety or the Department of Agriculture, Division of Regulation & Inspection may terminate this bond by

written notice service upon the other or sent by registered mail and specifying therein the effective date of such termination. Such

date if the notice be served by the Surety, shall not be less than thirty (30) days after the date of such service.

     **3. The Surety on Account of person covered by this bond shall provide the Department of Agriculture, Division
of Regulation & Inspection with annual written verification that the renewal premium has been paid and the bond
remains in full force.**

     SIGNED AND SEALED THIS _____day of _____, (year)_____

Principal Name _____ Agency Name_____

Signature_____ Signature_____

Surety Name_____

Signature_____