



STATE OF MONTANA

GEOPHYSICAL EXPLORATION SURETY BOND
[82-1-104, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sosmt.gov

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

Required Filing Fees:
Standard \$ 15.00
24 Hour Priority \$ 35.00
1 Hour Expedite \$115.00

Make checks payable to Secretary of State.
If the document is hand written, please print legibly or the document may be denied.

Surety Bond No.: _____
_____, hereinafter Principal, and
(Individual, Firm, or Corporation)
_____, Surety,
(Name of Surety)

A security provider licensed to do business as a surety under the laws of the State of Montana is held and firmly bound to indemnify the owners of property within this state, in the full and just sum of \$_____, (**\$10,000 for a single seismic crew, or \$25,000 for all seismic crews operating within the state**) to be paid to, and to indemnify, the owners of the property on which the seismic activity takes place for physical damages to the property resulting from seismic exploration, or its assigns, to which payment we bind ourselves, heirs, executors, administrators, successors and assigns, jointly and severally, firmly by this bond.

WHEREAS, said Principal will engage in geophysical exploration within the State of Montana for the following project (**describe the project(s) and provide a legal description**):

NOW, THEREFORE, the conditions of this obligation are such that the Principal shall in all respects perform all the restoration activities as specified in 82-1-104, MCA, upon completion of seismic exploration. Upon completion of the restoration activities to the satisfaction of the owners of the property within this state, the security must remain on file with the Secretary of State for an additional 5 years after cessation of the exploration activities. Partial or complete forfeiture of the surety bond must be determined by the appropriate court of civil jurisdiction.

Principal Signature Date Principal Name

Surety Name

By: _____
Attorney-in-Fact (Seal and Signature)

Date Signed

Agency

Address

Note: A copy of the agent's Power of Attorney for the Surety Company must be attached to this surety bond.

Daytime Contact: Phone _____ Email _____