



# Insurance Producer/Business Entity Bond

Co. Code No. \_\_\_\_\_

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, THAT I/WE \_\_\_\_\_  
residing at \_\_\_\_\_,  
\_\_\_\_\_, an Insurance Producer/Business Entity,  
as principal and \_\_\_\_\_ a company  
duly authorized to transact surety business in the State of Illinois, as Surety, are held and firmly bound unto the People  
of the State of Illinois and payable to any party injured under the terms and conditions of this bond, in the full and penal  
sum of \_\_\_\_\_ (\$ \_\_\_\_\_) dollars lawful money of the United States of America,  
for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors  
and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bounded Principal is now or is about to become  
licensed to engage or continue in the business of an Insurance Producer/Business Entity, as provided by the Illinois  
Insurance Code, as amended.

NOW, THEREFORE, if the said Principal shall, while this bond is in force and effect make a full accounting and due  
payment to the person or company entitled thereto of funds coming into his possession as an incident to insurance  
transactions, and shall comply with all the provisions of Section 500-30 of the Illinois Insurance Code, as amended; then  
this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon its  
giving thirty (30) days notice to the principal of its intention of termination.

IN WITNESS WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has caused  
these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Principal)

\_\_\_\_\_  
(Bonding Company)

\_\_\_\_\_  
(Social Security Number/FEIN Number)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Signature of Attorney-in-Fact)