

Bond No.
Property & Casualty
Life, and/ or Accident & Health

Department Of Insurance
State Of Indiana
Insurance Agent's Bond

KNOW ALL MEN BY THESE PRESENTS, THAT I _____
OF _____, an Insurance Agent, as Principal and
_____, as Surety, a company duly authorized to transact surety business in
the State of Indiana, as Obligee, are held and firmly bound unto the People of Indiana and payable to any
party injured under the terms and conditions of this bond, in the full and penal sum of **TWO THOUSAND**
FIVE HUNDRED AND 00/100 DOLLARS (\$2,500), 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 whereas the Principal is now or is
about to become licensed to engage or continue in the business of Insurance Agent, as provided by the
Indiana Insurance Code.

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 of company entitled thereto of funds coming into his possession
as an incident to insurance transactions, and shall comply with all the provisions of the Indiana Code, then
this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDE, HOWEVER, that this bond shall be continuous in force and may be terminated by the
Surety; upon their giving thirty (30) days notice of intention to terminated, such notice to be filed with the
Commissioner, Indiana Department of Insurance.

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 their duly authorized officers and corporate seal be hereto
affixed this _____ Day of _____, _____.

(Principal)

(Surety)

BY: _____
(Attorney-in-fact)