

State of Louisiana
Commissioner of Insurance
Post Office Box 94214
Baton Rouge, Louisiana 70804-9214

Check One:

- Louisiana Resident
- Non-Resident

Broker Bond Number:

BROKER BOND

State of _____ Parish/County of _____

know all men by these presents, that we, _____
Print name of Broker

_____ as principal,
Street Name & Number City State Zip Code

and _____ an authorized
Print Name of Bonding Company

corporation surety, as surety, are held firmly bound unto the State of Louisiana. (Check A or B)

- A (**Louisiana Residents**) in the full sum of Twenty-Five Thousand Dollars (\$25,000.00)
- B (**Non-Residents**) in the full sum of Twenty-Five Thousand Dollars (\$25,000.00) or the amount of the bond requirement of the domiciliary state for this license \$ _____, **whichever is greater,**

current money of the United States of America, which we promise to pay the State of Louisiana, through its duly qualified Commissioner of Insurance, for the faithful performance of which we bind ourselves firmly by these presents, and each of our heirs, executors, and administrators, for the amount of the bond thus entered into.

The Conditions of this obligation are such that if the above bounden _____
Print Name of Broker

Shall conduct business under this license in accordance with Title 22, Section 1118 and other applicable provisions of the Louisiana Revised Statutes of 1950 and any applicable rules, regulations, orders, and directives of the Louisiana Department of Insurance, and if there is a full compliance with said laws and full accounting by the broker to any person requesting the broker to obtain insurance, for monies or premiums collected in connection therewith, then in such case the above obligation to be null and void, or else to remain in force and effect. **This bond is a continuous bond. The bond shall not be terminated unless thirty (30) days prior written notice is filed with the Commissioner of Insurance.**

IN PRESENCE OF THESE WITNESSES: Date: _____

Witness Signature

Signature of Broker

Witness Signature

Name of Bonding Company

Witness Signature

Signature of Attorney-In-Fact (Attach Power of Attorney)

Witness Signature