

HE-4195.0  
10/85

Michigan Department of Education  
Higher Education Management Services  
Proprietary School Unit  
Box 30008. Lansing, Michigan 48909

Direct questions regarding this  
form to (517) 373-6771.

AUTHORITY: Act 59, P.A. 1983  
COMPLETION: Required

## SOLICITOR BOND VERIFICATION

**INSTRUCTIONS:** This form should accompany each solicitor application or renewal application which is not covered under the original solicitor bond.

This is to certify that \_\_\_\_\_ has been bonded by  
(Name of Solicitor)

\_\_\_\_\_ as surety under solicitor bond  
(Name of Surety)

No. \_\_\_\_\_ in the penal sum of \$5,000.00 in order to comply with Act 40.  
(Bond Number)

P.A. 1983. to act as solicitor for \_\_\_\_\_  
(Name of Principal)

for the period \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, or  
(Month) (Day) (Year) (Month) (Day) (Year)

until canceled with 30 days' notice in writing.

This verification form and each succeeding verification form will increase the total blanket bond

coverage of \$ \_\_\_\_\_ by \$5,000.00 for this solicitor, making the new amount of  
(Current Amount of Bond)

the bond \$ \_\_\_\_\_  
(New Amount)

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

Signature of Surety  
(Insurance Company) \_\_\_\_\_

(Seal of Surety)