

Mississippi CERTIFICATE OF TITLE BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____
of _____,
as Principal, and _____ of _____,
a corporation incorporated under the Laws of the State of _____,
as Surety, are held and firmly bound unto the State of Mississippi, as Obligee, in the
sum of _____ for the payment of which we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents:

WHEREAS, the Principal has made application to the Department of Revenue of the State of Mississippi for a Certificate of Title on a certain vehicle described to with:

MAKE & YEAR	_____	MODEL	_____
IDENTIFICATION NUMBER	_____	TYPE BODY	_____
NUMBER CYLINDERS	_____	NEW OR USED	_____

And under the provisions of the Mississippi Code, Section 63-21-23, (Senate Bill 1688, Laws of 1968) or any amendments thereto known as the Mississippi Motor Vehicle Title Act; The Department of Revenue is requiring this bond before issuing the applied for Certificate of Title.

Said bond shall run and be in full force and effect for a period of three (3) years from and after the effective date as shown here below and no liability shall accrue after the expiration of the three (3) year period.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall indemnify any prior owner and lienholder and any subsequent purchaser of said vehicle or person acquiring any security interest in it, and their respective successors in interest, against any expense, loss or damage, including reasonable attorney's fees by reason of the issuance of the Certificate of Title for said vehicle or on account of any defect in or undisclosed security interest upon the right, title, and interest of the applicant in and to said vehicle, then this obligation shall be void, otherwise, it shall remain in full force and effect. **This bond will not be accepted by the Department of Revenue if it is not filed within thirty (30) days of its effective date.**

EFFECTIVE THIS THE _____ DAY OF _____, _____.

Insurance Co. Name

Principal's Signature

Agent's Signature

Surety

Mailing Address

By: _____
Attorney in Fact

City State Zip Code

Phone Number