

**Bond of Special Lines' Surplus Line Broker**

LIC 447-32 (Rev 8/07)

Producer Licensing Bureau  
320 Capitol Mall  
Sacramento, CA 95814-4309  
(800) 967-9331 or (916) 322-3555  
www.insurance.ca.gov

**TO THE PEOPLE OF THE STATE OF CALIFORNIA**  
(Insurance Code Section 1760.5)

BOND No.: \_\_\_\_\_

Premium \_\_\_\_\_

WE, \_\_\_\_\_, as Principal, an applicant for or holder of a California special line surplus line broker's license, and \_\_\_\_\_ an admitted surety insurer as Surety hereon, bind ourselves in the penal sum of TEN THOUSAND DOLLARS (\$10,000), to the people of the State of California, which sum shall be the limit of total aggregate liability hereunder.

The condition of this obligation is that if the Principal is granted, or during the term hereof holds, a special lines' surplus line broker's license issued by the Insurance Commissioner of the State of California, he shall account to any person requesting him to obtain insurance, for moneys or premiums collected by him, his solicitors or his employees, for insurance other than life; if he shall so account as required by law, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall take effect on \_\_\_\_\_, but not prior to the date of its execution. If no date is hereinabove written, it shall take effect on the later of the two dates of execution set forth below.

This bond shall remain in force and effect until the surety is released from further liability by the commissioner or until the bond is canceled by the surety. The surety may cancel the bond and be released of further liability hereunder by delivering 30 days' notice to the commissioner. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of the 30-day period.

IN WITNESS WHEREOF the Principal has subscribed his (its) true name on the date and at the place in this State entered opposite his (its) signature, and the Surety has subscribed its full and correct name and affixed its corporate seal on the date and at the place in this State shown opposite its signature.

\_\_\_\_\_  
Principal (print or type)

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Place where executed

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Name

\_\_\_\_\_  
**Place in California where executed**

\_\_\_\_\_  
Position or Title