



Public Adjuster/Public Adjuster Business Entity Bond

Co. Code # _____

Bond # _____

Tax # _____

KNOW ALL MEN BY THESE PRESENTS, THAT I/We _____
of _____, a Public Adjuster/Public Adjuster
Business Entity _____, as principal and
_____ a company duly authorized to transact
surety business in the State of Illinois, as Surety, are held and firmly bound unto the People of the State of Illinois and
payable to any party injured under the terms and conditions of this bond, in the full and penal sum of Twenty
Thousand (\$20,000) dollars lawful money of the United States of America, 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 the above bonded Principal is now or is about to
become licensed to engage or continue in the business of a Public Adjuster/Public Adjuster Business Entity as
provided by the Illinois Insurance Code, as amended.

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 or company entitled thereto of funds coming into his possession as an incident to
transactions under his license, and shall comply with all the provisions of the "Public Adjuster's Regulatory Act," then
this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon
its giving thirty (30) days notice of its intention of termination, such notice to be filed with the Director, Department of
Insurance, Springfield, Illinois.

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 its duly authorized officers and its corporate seal to be hereto affixed this
_____ day of _____, _____.

(Principal)

(Bonding Company)

(Social Security Number/FEIN Number)

(Officer)

(Attorney-in-Fact)

Important Notice: Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply
may result in this form not being processed. This form has been approved by the Forms Management Center.