

Bond No. _____

STATE OF INDIANA
PUBLIC ADJUSTER'S BOND

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____
(APPLICANT)

OF _____ a Public Adjuster doing business as
(CITY & STATE)

As Principal, and
(COMPANY NAME/APPLICANT NAME)

As Surety a Company duly authorized
(NAME OF BONDING CO)

to transact surety business in the State of Indiana, as Oblige, in the full and penal sum of TEN THOUSAND AND 00/100 (\$10,000), for the payment of which, well and truly to be made, we bind our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas the Principal is now or is about to become licensed to engage or continue in the business of Public Adjuster, as provided by the Indiana 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 transaction under his license, and shall comply with this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, however, that this bond shall be continuous in force but may be terminated by the Surety upon their giving thirty (30) days notice of intention to terminate. Such notice must be filed with the Commissioner, Indiana Department of Insurance.

SIGNED, SEALED AND DATED this _____ day of _____, _____

(PRINCIPAL)

(SURETY)

BY _____
(ATTORNEY-IN-FACT)