

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
AGENT LICENSING DIVISION

P. O. Box 517
Frankfort, KY 40602
502-564-6004
<http://insurance.ky.gov>

Minimum Statutory Requirements	
<input type="checkbox"/> Surplus Lines Broker	\$50,000

SURPLUS LINES BROKER PENAL BOND

Bond No. _____

Through its undersigned, duly authorized representative, _____,
(Surety)

_____ located at _____,
(FEIN) (Address, City, State, Zip)

(hereinafter called the Surety), agrees, pursuant to the provisions of KRS 304.10-140 to indemnify the Commonwealth in the total aggregate sum of _____, for loss due to the failure of the surplus lines broker,

_____ of _____,
(Name of Surplus Lines Broker) (SSN) (City, State, Zip)

(hereinafter called the Principal) to conduct his or her business in accordance with KRS Chapter 304, Subtitle 10, including the failure to remit the taxes required by KRS 304.10-180.

This bond shall remain in force until the surplus lines broker license of the Principal is revoked or otherwise terminated or until this bond is terminated by the Surety. Termination of this bond by the Surety shall be without prejudice to any liability incurred under this bond and shall be effective only upon thirty (30) days prior written notice to both the Principal and the Commissioner. Notice of termination shall be given by sending completed Form 99-5 (available on the Department Web site) to the Department of Insurance and mailing a copy to the Principal at the Principal's last address known to the Surety. Notice to the Commissioner shall be deemed to have been given on the date the Department of Insurance receives completed Form 99-5.

IN WITNESS WHEREOF, this agreement has been executed by and on behalf of the Surety this _____ day of _____, _____.

Typed Name of Authorized Representative of Surety:

Title:

Signature of Authorized Representative of Surety:

Date:

Signature of Principal

Date

Sworn to and signed before me this _____ day of _____, _____.

_____ My Commission Expires _____.

(Notary Public)