

Bond No. _____

STATE OF TENNESSEE
LONG TERM CARE FACILITIES RESIDENT FUND BOND

KNOW all men by these presents, that we, _____,
as Principal, and _____,
a corporation organized and existing under the laws of the State of _____
and authorized to do business in the State of Tennessee, as Surety, are held and firmly bound unto the
Facility Residents of the principal for the use and benefit of injured residents in the aggregate sum of
_____ (_____) dollars, for the payment
of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally by
these presents.

WHEREAS, the said Principal holds facility residents' funds in a Fiduciary capacity and is required
to comply with Tennessee Code Annotated (TCA) 68-11-906 pertaining to the maintenance of and
accounting for these funds.

NOW, THEREFORE, if said Principal shall faithfully maintain said funds held in trust for facility
residents in accordance with TCA 68-11-906 then this obligation shall be null and void, otherwise to
remain in full force and effect.

This bond may be canceled by the Surety by giving 60 days written notice to the Principal. The Surety,
however, shall not be discharged from any liability accrued prior to the effective date of the
cancellation.

In witness whereof the said Principal and Surety have affixed their hands and seals this _____

day of _____, _____.

Principal

By: _____
Title

Surety

By: _____
Title

Surety Solutions, LLC