
(Surety's Name)

Bond

No. _____

(Surety's Address and Telephone No.)

SURETY BOND

1. KNOW ALL PERSONS BY THESE PRESENTS, that we, _____, as Principal, and _____ a corporation of the State of _____ having its principal office at _____ duly licensed with the Utah Department of Insurance, as Surety, are held and firmly bound to the Division of Consumer Protection of the Department of Commerce of the State of Utah in the sum of _____ a _____ Dollars (aa _____), for the payment of which said Principal and Surety hereby bind themselves, their heirs, administrators, executors, successors, and assigns, jointly and severally, to pay said sum.

2. THE CONDITIONS OF THIS BOND are such that the Principal, _____, seeks to obtain a license from or registration with, the Division of Consumer Protection, State of Utah, to carry on business as _____ . That business is subject to the laws of the State of Utah and the administrative rules adopted thereunder.

3. THEREFORE, if the Principal, [Registrant], shall during the period beginning on _____ day of _____, _____ and ending on _____ day of _____, _____, faithfully observe and honestly comply with the provisions of all statutes and rules of Utah law applicable to the Principal's business, and shall indemnify the Division of Consumer Protection and all consumers as set forth in those laws, then this obligation shall become void and of no effect, otherwise to remain in full force and effect.

4. IT IS UNDERSTOOD AND AGREED that this bond may be renewed from year to year by continuation certificate executed by said Surety, and that regardless of the number of years this bond remains in effect or the number of times it is renewed, in no event shall the Surety be liable for an amount exceeding the sum set forth above. It is also understood and agreed that the Surety may at any time, with ninety (90) days written notice to the Division of Consumer Protection, terminate its liability herein, except that the Surety shall be liable for any losses occurring while this bond is in full force and effect.

SIGNED AND DATED this _____ day of _____, aaa_____.

(Type or Print Surety's Name)

(Type or Print Principal's Name)

By: _____

By: _____

Its: _____ Attorney-in-Fact

Its: