

MAINE INSURANCE CONSULTANT'S LICENSE BOND

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS

THAT _____
(Name of Insurance Consultant)

of _____ as Principal, and

_____ of _____
(Name of Surety Company) (Place of Business)

as Surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of

_____ to the payment of which 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 if the above named Principal, who has been licensed as an Insurance Consultant in accordance with Title 24-A M.R.S. Chapter 16, Subchapter 5 and obtained this bond pursuant to 24-A M.R.S. § 1464, complies with all the requirements of the Maine Insurance Code and all rules and regulations promulgated thereunder, then this obligation will be null and void. The bond shall indemnify any person damaged by any fraudulent act or conduct of the Principal in a transaction under his or her license, and shall likewise be conditioned upon faithful accounting and application of all moneys coming into the Principal's possession in connection with his or her activities as such a licensee.

This bond shall be continuous in nature and remain in force until the Surety is released from liability by the Superintendent of Insurance or until cancelled by the surety. Without prejudice to any prior liability accrued, the Surety may cancel this bond upon 30 days' advance written notice to the Consultant and the Superintendent.

Pursuant to Title 24-A M.R.S. § 3105, either (1) a power of attorney form authorizing the Surety to issue this bond amendment/cancellation is attached thereto; or (2) this bond has been issued by a corporate officer of the Surety authorized to issue bonds, and a resolution of the Board of Directors of the Surety is attached or is on file with the Superintendent of Insurance evidencing the officer's authority to issue bonds.

Signed, Sealed and Dated this _____ Day of _____ 20____

Witnessed:

(Must be signed by witness)

(Signature of Insurance Consultant)

(Name of Surety Company)

BY: _____ Seal