

STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
1300 EAST MAIN STREET, SUITE 800
POST OFFICE BOX 640
RICHMOND, VIRGINIA 23218-0640

**SURETY BOND
PURSUANT TO § 6.2-1703 OF THE CODE OF VIRGINIA**

Bond No. _____ Bond Amount \$ _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____, as principal, and _____, as surety, are bound unto the Commonwealth of Virginia in the penal sum of _____ (\$ _____), payable to the State Corporation Commission, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents:

WHEREAS, the above named principal has applied to the State Corporation Commission for a license to engage in business under Chapter 17 of Title 6.2 of the Code of Virginia;

NOW THEREFORE, the conditions of this obligation are such that if the above named principal shall strictly comply with the provisions of said Chapter, all regulations duly promulgated thereunder, and all other laws applicable to the conduct of his or her business, and shall pay and satisfy all loss, damage and liability suffered by or owing to the State Corporation Commission or any person dealing with the principal on account of its violation of any such laws and regulations, then this obligation to be void, otherwise to remain in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this _____ day of _____, _____.

Principal-(Type or Print)

By: _____ (Seal)
Signature

Persons executing for surety, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for surety.

Surety-(Type or Print)

By: _____ (Seal)
Signature

Name, address, and telephone number of person with surety to be contacted in the event a claim must be filed:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____