VERMONT INSURANCE BOND

_____ Service Contract Provider _____ Life Settlement Provider
_____ Other (please specify) _____

(CHECK ONE OF THE ABOVE)

BOND NUMBER _____ AMOUNT $_____

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, of _____, County of _____ and State of _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of Vermont, as surety, are held and firmly bound unto the State of Vermont for the use of the State and of any person or persons aggrieved as a result of a violation of the condition hereinafter described, in the penal sum of _____ thousand dollars, good and lawful money of the United States of America, to be paid to the Commissioner of Banking, Insurance, Securities and Health Care Administration of the State of Vermont, for which payment well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by the presents.

WHEREAS, the above bounden Principal has made application to the Commissioner of Banking, Insurance, Securities and Health Care Administration of the State of Vermont pursuant to the applicable Vermont insurance Laws and Regulations (8 V.S.A.) for licensure as a _____;

NOW, THEREFORE, the condition of this obligation is such that if the said principal shall faithfully and honestly comply with, and abide by, all insurance laws of the State of Vermont (Title 8 Vermont Statutes Annotated) and all rules and regulations lawfully made by the Commissioner, and will pay to the Commissioner of Banking, Insurance, Securities, and Health Care Administration and to any person or persons entitled thereto any and all monies that may become due and owing to the Commissioner of Banking, Insurance, Securities and Health Care Administration, State of Vermont, and to such person or persons from said Obligors, under and by virtue of the provisions of the aforementioned laws and regulations, then and in the event this obligation shall be null and void; otherwise to remain in full force and effect, it being expressly understood and agreed that in no event shall the aggregate liability of the surety for any and all claims hereunder exceed the penal sum of this bond. This bond is executed by the surety upon the express condition that the said surety may, if it shall so elect, cancel said bond by giving sixty (60) days notice in writing by certified mail to the Licensee and the Commissioner of Banking, Insurance, Securities and Health Care Administration, 89 Main Street, Montpelier, Vermont 05620-3101, Attn: Company Licensing. This bond shall be deemed canceled at the end of the sixty (60) days.

Contact information for the collection of the amount above:

Name & Address:

Phone Number :

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, _____(year).

_____
Principal

By _____
Legal Signature

_____
Surety

Attest:

_____
Secretary (Corporate Seal)

By _____
Attorney-in-Fact