



Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

REINSURANCE INTERMEDIARY MANAGER BOND to the People of the State of Nevada

BOND NO.: _____

KNOW ALL MEN BY THESE PRESENTS:

That **I/we**, _____, (hereinafter called Principal), and the Reinsurance Intermediary Manager, and _____ a corporation duly licensed to do business in the State of Nevada, (hereinafter called Obligee), in the amount required in the penal sum of **FIFTY THOUSAND DOLLARS (\$50,000)**, to be paid to the Obligee for which payment well and truly to be made, I/we bind ourselves and our legal representatives jointly And severally by these presents.

WHEREAS, Principal has made application to the Insurance Commissioner of the State of Nevada for a license as an Reinsurance Intermediary Manager in accordance with the provisions of the Nevada Insurance Code, (Title 57, Nevada Revised States et seq.)

NOW, THEREFORE, the condition of the obligation is such that if Principal will conduct business under said license in accordance with the provisions of said Nevada Insurance Code, then this obligation shall be null and void; otherwise to remain in full force and effect, subject, however, to the following conditions:

1. The Surety will immediately notify the Insurance Commissioner of any changes in the amount or parties to this bond.
2. This bond may be canceled and the Surety relieved of all further liability hereunder by the Surety's filing thirty (30) days prior written notice thereof with the Insurance Commissioner of the State of Nevada.
3. The liability of the surety for any and all claims hereunder shall in no event exceed the required amount.
4. The liability of the Principal shall in no way be limited merely by the Surety's satisfaction hereof.

Dated this ____ day of _____, 20____.

To be effective _____.

By: _____
(Signature & Printed name of principal)

By: _____
(Surety/Company name)

By: _____
(Signature & Printed name) Attorney-in-fact on file with the Nevada Division of Insurance Attach Power of Attorney.

By: _____
(Signature, Printed name & Nevada License number.)
Countersigning Producer Appointed by Insurer.

Firm: _____
On behalf of and authorized by Business Entity printed name & Nevada License number.)
Countersigning Producer FIRM Appointed by Insurer.

**Please attach a copy of the Power of Attorney and Certificate of Authority of Attorney-in-Fact.