



Department of Business and Industry

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

BOND NO.: _____

Bond of Administrators as Provided by NRS 683A

WHEREAS; _____, seeks to become licensed as an "Administrator" as defined by NRS 683A (as revised from time to time), and pursuant thereto, _____, shall file with the Commissioner of Insurance a bond with an authorized surety in favor of the State of Nevada; and

WHEREAS; _____, is prepared to assume the duties; obligations, responsibilities and rights provided by NRS 683A.0857;

NOW THEREFORE, the following undertaking is entered into on behalf of _____ by _____ a corporation existing under the laws of the State of _____ and duly authorized to transact business in the State of Nevada, do hereby undertake and bond ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents for the sum of \$100,000 dollars, in favor of the State of Nevada Insurance Commissioner to inure for the benefit of any person damaged as specified in NRS 683A.0857 (as revised from time to time).

IT IS UNDERSTOOD AND AGREED that the aggregate liability under this bond shall not exceed the penal sum of the bond regardless of the number of years this bond shall remain in effect, and in no event shall the liability of the Surety of this bond exceed the requirements of NRS 683A.0857 (as revised from time to time).

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety may at any time terminate its liability by giving ninety (90) days written notice to the obligee, and the Surety shall not be liable for any loss after the expiration of the ninety (90) days except for losses occurring while the bond is in full force and effect.

All other terms and conditions of NRS 683A.0857 (as revised from time to time) and incorporated herein as though fully set forth, and any rights, obligations and duties imposed thereby shall apply as though specifically set forth herein.

Signed, sealed and dated this ____ day of _____, _____.

To be effective _____.

By: _____
(Signature & Printed name of principal)

By: _____
(Surety/Company name)

By: _____
(Signature & Printed name)
Attorney-in-fact; attach Power of Attorney.

By: _____
(Signature & Printed name of Producer)
Countersigning Producer Appointed by Insurer.