

Effective Date:

BOND NO.: \_\_\_\_\_

**MANAGING GENERAL AGENT LICENSE BOND  
TO THE  
PEOPLE OF THE STATE OF NEVADA**

**KNOW ALL MEN BY THESE PRESENTS:**

That **I/we**, \_\_\_\_\_, as principal applicant for a Managing General Agent's license, and \_\_\_\_\_ a corporation duly licensed to do business in the State of Nevada, Obligee, for the benefit and protection of insureds and insurers whose monies the Managing General Agent handles 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.

The conditions of the above obligation is such that, whereas, the said Principal has been licensed as a Managing General Agent License under NAC 683A.450 to 683A.560.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties of a Managing General Agent, and in all things comply with the provisions of NAC 683A.450 TO 683A.560 and any applicable rules, including all amendments thereto, appertaining to the license applied for, then this obligation to be void, otherwise to remain in full force and effect.

This bond, drawn and executed in the manner prescribed by NAC 683A.460 shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereon. This bond may be terminated at any time by the Surety upon sending notice, in writing, by certified mail, to the Division of Insurance with whom this bond is filed, and to the principal; and at the expiration of thirty (30) days from the mailing of said notice, this bond shall terminate, and the Surety shall thereupon be relieved from any liability for any acts or omission of the Principal subsequent to said date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**By:** \_\_\_\_\_  
(Signature & Printed name of principal)

**By:** \_\_\_\_\_  
(Surety/Company name)

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

**By:** \_\_\_\_\_  
(Signature, Printed name & License number.)  
Resident countersigning agent.