STATE OF MICHIGAN — DEPARTMENT OF ATTORNEY GENERAL

LANDLORD SECURITY DEPOSIT SURETY BOND

We (Name of Landlord)_____, of (Address of Landlord) _____as Bond Principal, and (Name of Authorized Company) _____ as a Surety/Insurance Company licensed to do business in the State of Michigan, by this instrument are held and bound to persons paying security deposits to the Landlord/Bond Principal in the amount of [bond dollar amount]

_____

The Bond Principal is a landlord, as defined in MCL 554.601(c), collecting security deposits as permitted by the Michigan Landlord and Tenant Relationships Act, MCL 554.601, *et seq*.

The Landlord/Bond Principal is required by MCL 554.604 to deposit with the Michigan Secretary of State a surety bond written by a surety/insurance company licensed to do business in Michigan and acceptable to the Michigan Attorney General to secure the entire amount of security deposits up to $50,000.00, and 25% of any amount exceeding $50,000.00. The bond is for the benefit of persons making security deposits with the Landlord/Bond Principal.

The Landlord/Bond Principal must reimburse any person who has paid it a security deposit as required by a rental agreement and who makes a claim for it under the terms and conditions of MCL 554.601, *et seq*.; otherwise, this bond is to indemnify persons damaged by the wrongful retention of security deposit monies paid to the Landlord/Bond Principal. However, the total liability of the Surety for all claims under the bond must not exceed the sum of the bond.

This bond is executed and will be accepted subject to the following provisions:

1) Coverage is extended without notice to the Surety/Insurance Company for any change of officers, if the Landlord/Bond Principal is a corporation.
2) Change in the business name of the Landlord/Bond Principal is permitted only where the ownership of rental units does not change.
3) The Landlord/Bond Principal must file an annual certified statement of the dollar amount of collected security deposits with the Surety/Insurance Company and the Attorney General. And if there is any change to the bond, a rider and power of attorney must be submitted with the annual certified statement filed with the Attorney General.
4) The books and records of a Landlord/Bond Principal relating to the security deposits will be open to inspection by the Surety/Insurance Company and the Attorney General during reasonable business hours.

5) Where there is a management company, rental agent, or other like entity accepting security deposits for or on behalf of another legal entity, the bond must name as Landlord/Bond Principal such management company, rental agent, or other entity *and* the entity for whom deposits are accepted.

6) All documents submitted to the Attorney General must be originals.

7) Coverage is effective as of 12:01 a.m. on _____and shall continue in full force and effect until cancelled by the Surety/Insurance Company or Landlord/Bond Principal. Cancellation of this bond may be made by either Surety/Insurance Company or Landlord/Bond Principal giving 60 days' notice in writing by mail to the other party, the Secretary of State, and the Attorney General. Notice to the Attorney General shall be sent to the Security Deposit Bond Section, P.O. Box 30213, Lansing, MI 48909. If proper notice is given, both the Landlord/Bond Principal and Surety/Insurance Company shall be released from liability for any breach of condition of this bond occurring after the effective date of the cancellation. The notice of cancellation shall include the reason for cancellation and, where cancellation is the result of termination of a landlord's interest in a rental unit, shall also include the name and address of the landlord's successor in interest.

The Landlord/Bond Principal and the Surety/Insurance Company have executed this bond on _____.

Bond Number:

_____

Bond Amount:

_____

Bond Executed Date:

_____

Print the Landlord's Name and Title:

_____

Landlord Address:

_____

Landlord/Bond Principal Signature:

Witness for Landlord/Bond Principal Signature:

Print the Name of the Authorized Surety/Insurance Company:

Print the Surety/Insurance Company Employee's Name and Title:

Surety/Insurance Company Mailing Address:

Surety/Insurance Company Signature:

Witness for Surety/Insurance Company Signature:

Return completed *original* Bond and Power of Attorney to:

Department of Attorney General
Security Deposit Bond Section
P.O. Box 30213
Lansing, MI 48909

Questions: 517-335-7567

Please also send a copy to:

Office of the Great Seal
Michigan Department of State
Secretary of State Jocelyn Benson
P.O. Box 20126
Lansing, Michigan 48901