

Bond-Consumer Financial Services

If a bond is posted, complete and attach this form with original signatures to your application form as instructed on the application form.

KNOW ALL PERSONS BY THESE PRESENTS, That _____

of _____, State of _____ as PRINCIPAL and _____ of _____ as SURETY are held and firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of Act No. 161, Public Acts of 1988, as amended,

in the sum of \$ _____, lawful money of the United States, to be paid to the said People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Whereas, the above bounden principal has received, or is about to receive, a license from the Director, Department of Insurance and Financial Services of said State of Michigan authorizing the PRINCIPAL to engage in the business of _____ under the provisions of Act No. 161, Public Acts of 1988, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of the act and all rules and regulations lawfully promulgated thereunder by the Director, Department of Insurance and Financial Services of the State of Michigan, and will pay to said State and to such person or persons, any and all moneys that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said Act No. 161, Public Acts of 1988, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective _____ and shall be in force for the term ending December 31, 20_____.

This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the Director, pursuant to such regulations as may hereafter be provided.

Signed, sealed and dated this day, _____, 20_____.

In the presence of:

Witness

Witness

Principal

Principal

Surety

Surety



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442