



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

TITLE AGENCY BOND

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, That _____, _____
 (Name of Title Agency) (FEIN #)
 whose place of business is in Florida, as Principal, and _____ as Surety, are held and
 (Name of Insurance Company)

firmly bound unto THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, in the penal sum of Thirty-five Thousand (\$35,000) dollars in the aggregate, lawful money of the United States of America, for payment of which well and truly to be made, we bind ourselves, and our and each of our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT if the Principal, the above bounded _____ shall faithfully perform all duties and responsibilities under the said Principal's agency contract with each title insurer for which the said Principal is licensed and shall comply with and conduct business under the said Principal's license in accordance with the provisions of the Title Insurance Agents Law, Part V of Chapter 626, Section 626.841 through 626.8473, Florida Statutes, and abide by all rules and regulations of THE DEPARTMENT OF FINANCIAL SERVICES as promulgated by the CHIEF FINANCIAL OFFICER, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be canceled and discontinued by giving thirty (30) days notice in writing to the Principal and THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, by United States registered mail and this bond shall be deemed canceled at the expiration of the said thirty (30) days from the service of said notice, the Surety remaining liable for all or any part of the obligations covered by this bond, which may have accrued by default of the Principal prior to the effective date of the cancellation.

IN WITNESS WHEREOF the said principal has caused these presents to be executed by affixing hereto his or her signature, or if a corporation, the signature of its President, or if a partnership, the signature of an authorized partner, and the said surety has caused presents to be executed by the signature of its attorney-in-fact and its corporate seal to be affixed hereto attested by its attorney-in-fact this day of _____, year of _____. This bond shall become effective on the _____ day of _____, year of _____, and remain in force until canceled.

Principal

Surety (name of insurance company)

Witness to Principal

Attorney-in-Fact (signature)

(SEAL)

Print Name

Licensed General Lines Agent (Must be currently appointed by above Surety)

LIC#

Street

City

State _____ *Zip Code* _____

NOTE: Attach to this bond a properly certified copy of the agent's Power-of-Attorney. Signature of Principal **MUST BE WITNESSED**. Type below each signature the name of the person having affixed his/her signature. THIS BOND MUST BE COUNTERSIGNED BY A FLORIDA LICENSED GENERAL LINES AGENT OF THE SURETY.