



**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Insurance Agent and Agency Services – Bureau of Licensing**

**Public Adjuster’s Bond**

Bond # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_, SS# \_\_\_\_\_  
whose residence is \_\_\_\_\_ and place of business is \_\_\_\_\_,  
as Principal, and \_\_\_\_\_  
as Surety are held and firmly bound unto THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or  
its successors in office, in the penal sum of Fifty Thousand (\$50,000) dollars, lawfully 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 assign jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the Principal, the above bounded  
\_\_\_\_\_ shall faithfully comply with the conduct business under his/her license in accordance with  
the provisions of the public adjuster laws, Part VI of Chapter 626, Section 626.851 through 626.8797 Florida Statutes, and abide  
by all rules and regulations of THE DEPARTMENT OF FINANCIAL SERVICES as promulgated by the CHIEF FINANCIAL  
OFFICER. The obligation shall be null and void; otherwise, and it shall remain in full force and effect. This bond shall be in favor  
of the department and shall specifically authorize recovery by the department of the damages sustained in case the licensee is  
guilty of fraud or unfair practices in connection with his or her business as a public adjuster.

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 filed with 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 receipt of the said  
notice, the Surety remaining liable for all or any part of such premium receipts tax and other 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 thereto his/her signature, 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 (Print/Sign)

\_\_\_\_\_  
Surety (Name of Insurance Company)

\_\_\_\_\_  
Witness to Principal(Print/Sign)

\_\_\_\_\_  
Attorney-in-Fact (Print/Sign)

(SEAL)

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

LIC# \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail this completed form to:  
Division of IAAS – Bureau of Licensing  
200 East Gaines Street Larson Building Room 419  
Tallahassee, FL 32399-0319

**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.



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**Privacy Statement**

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2.a, F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.