

LOAN BROKER'S BOND

|                         |
|-------------------------|
| BOND NUMBER             |
| <b>VALIDATION DATES</b> |
| FROM: _____ TO:12/31/0  |
| SURETY PHONE NUMBER     |

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_, of \_\_\_\_\_  
(Name of Principal) (City)

in the state of \_\_\_\_\_ as Principal, and \_\_\_\_\_  
(Name of Surety)

a corporation organized and existing under and by virtue of the laws of the State of \_\_\_\_\_,  
and duly authorized to transact the business of indemnity and suretyship in the State of Indiana, for the use and benefit of all  
persons damaged by the breach of any of the conditions of this obligation, in the sum of Fifty Thousand (\$50,000) Dollars,  
lawful money of the United States for the payment of which sum, will and truly to be made, we bind ourselves, our heirs  
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:**

**WHEREAS,** the above bounden Principal has made application to the Securities Commissioner of the State of Indiana for  
license as a loan broker under the provision of IC 23-2-5 and is required by the provisions of said Law to furnish a corporate  
surety bond in the sum above named, conditioned as herein set forth.

**NOW, THEREFORE,** if the said Principal shall faithfully comply with the provisions of IC 23-2-5 and shall pay to any person  
entitled thereto all damages as may be caused to such person by the failure of the Principal to faithfully comply with the  
provisions of said Act; and if said Principal shall pay to any person entitled thereto all damages as may be caused to any person  
together with all penalties provided by IC 23-2-5-15 then this obligation shall be void; otherwise it shall remain in full force and  
effect.

**This bond is subject to the following provisions:**

1. Any person who sustains such damages as covered by this bond may bring an action upon this bond; provided, however,  
that the aggregate liability of the said Surety to all such persons shall, in no event, exceed the amount of the bond.
2. This bond shall be and remain in full force and effect and run concurrent with the license period and any renewal thereof,  
until it is terminated by the said Surety giving written notice both to the said Principal and the Securities Commissioner of  
Indiana thirty (30) days prior to the effective date thereof, of its intention to terminate its liability under this bond or until  
the license of said Principal as such loan broker is terminated either by expiration without renewal or by revocation for any  
cause.
3. Every person who has a cause of action under IC 23-2-5 may bring action upon this bond to enforce any liability on the  
bond providing, however, that no suit on this bond may be maintained to enforce any liability on this bond unless brought  
within two (2) years after the act upon which it is based.

**IN WITNESS WHEREOF,** the parties hereto have set their hand and seals this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Surety

Principal

**CORPORATE OR LLC ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED \_\_\_\_\_

PRESIDENT OR MANAGER AND \_\_\_\_\_ SECRETARY OF \_\_\_\_\_

A CORPORATION OR LLC, PRINCIPAL EACH OF WHOM ACKNOWLEDGE THE EXECUTION OF THE FOREGOING BOND FOR SUCH CORPORATION OR LLC FOR THE USES AND PURPOSES THEREIN SET FORTH.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

SIGNATURE OF NOTARY

COUNTY OF RESIDENCE

DATE COMISSION EXPIRES

NAME OF NOTARY (TYPE OR PRINT)

**INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED \_\_\_\_\_,

PRINCIPAL WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING BOND FOR SUCH INDIVIDUAL OR PARTNERSHIP FOR THE USES AND PURPOSES THEREIN SET FORTH.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

SIGNATURE OF NOTARY

COUNTY OF RESIDENCE

DATE COMISSION EXPIRES

NAME OF NOTARY (TYPE OR PRINT)