

**APPRAISAL MANAGEMENT COMPANY
Surety Bond \$20,000**

Submit this form with original signatures for proof of continuance.

Bond # _____

I _____ of
(Print Name of authorized AMC signer) (Print Title of authorized AMC signer)

_____ as principal, and
(Business Name)

_____ (Surety Name) _____ (Surety Phone #)

_____, a corporation and duly
(Surety Address)

authorized to transact business as surety under the laws of the State of Arizona, as surety, are held firmly bound to the Department of Financial Institutions in the sum of Twenty Thousand Dollars (\$20,000) for payment of which we bind ourselves, our heirs, successors, executors, and administrators, jointly and severally, all on the terms and conditions hereafter described. This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

WHEREAS, under the terms of A.R.S. § 32-3667, every Appraisal Management Company applicant must file with the Real Estate Appraisal Division of the Department of Financial Institutions for registration under A.R.S. § 32-3662 and

WHEREAS, a bond in this form must accompany such application,

NOW, therefore, upon the granting of registration to the Principal by the aforementioned Division, Principal is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Real Estate Appraisal Division of the Department of Financial Institutions pursuant to the authority of said code.

The Principal shall not cancel this bond and agrees bond must be maintained at \$20,000 after each draw down and remain in effect for one year after registration is terminated, cancelled, revoked, or otherwise ended. The Surety reserves the right to cancel the bond upon thirty days written notice to Principal and the Division.

IN WITNESS WHEREOF, the parties have executed this bond as of _____,
(Effective Date)

This _____ day of _____, _____.

(Print AMC authorized signer name & title)

(Print Surety & Attorney-In-Fact Names)

(Signature of AMC authorized signer)

(Attorney-in-Fact Signature)
(Attach Original Power of Attorney)

MAIL ORIGINAL Bond/Cancellation NOTICE to:
Department of Financial Institutions
Real Estate Appraisal Division
2910 N. 44th Street, Suite 310
Phoenix, Arizona 85018

Attachment (submit only if applicable)

Licensed Insurance Producer

Please list the location of other branch offices operating under the same registered name at which the Appraisal Management Company will conduct business in this state.

1) Business Address: _____

City: _____ Zip: _____

2) Business Address: _____

City: _____ Zip: _____

3) Business Address: _____

City: _____ Zip: _____

4) Business Address: _____

City: _____ Zip: _____

5) Business Address: _____

City: _____ Zip: _____

6) Business Address: _____

City: _____ Zip: _____