## STATE OF ALASKA

## DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT DIVISION OF INSURANCE

P.O. BOX 110805, 333 WILLOUGHBY AVENUE, 9TH FLOOR JUNEAU, ALASKA 99811-0805 (907) 465-2515 FAX (907) 465-2816

Website: www.commerce.state.ak.us/insurance

## **BOND FORM**

Alaska Insurance Regulation 3 AAC 31.315 requires a bond to be filed if you are licensed as a:

Viatical settlement provider

| Division | Use | Only |
|----------|-----|------|
|----------|-----|------|

| INSTF   | RUCTIONS  | FORM MUST BE TYPED  |   |  |
|---|---|---|---|--|
| Bond #  |   |   | FOR DIVISION USE ONLY                       |  |
|   |   |   | C of A #                                    |  |
|   | 1. This bond is contin  | uous in form.   |   |  |
| 1   | It shall remain in fo until it is no longer   | rce until the principal is released from liability by the Direquired by operation of applicable law.  | rector, until cancelled by the surety, or   |  |
|   | It may be terminate any liability accrued   | It may be terminated by the surety on giving <b>60 days'</b> advance written notice to the Director of Insurance, however, any liability accrued prior to the effective cancellation date will not abate. |   |  |
|   | of insurers, viators,   | ed to be maintained must remain unimpaired for the durand the State of Alaska. The person or entity named but Insurance Regulation 3 AAC 31.315 in order to transa  | pelow hereby posts its single bond as       |  |
|   | ? Viatical Se   | ttlement Provider (\$200,000 minimum bond required).  |   |  |
|   | an individual, you must   | ipal: if licensee/applicant is a firm, you must reflect reflect the individual name.  | the firm name; if licensee/ applicant is    |  |
|   | a) If for a firm:   | (Name of firm)  |   |  |
|   |   | (Name of firm)  |   |  |
| b) If for a individual:   |   |   |   |  |
|   |   |   |   |  |
|   |   |   |   |  |
| an insurance corporation authorized to transact business in the State of Alaska, agree to be bound to the Sta |   |   |   |  |
|   |   |   |   |  |
|   | to bind ourselves, our heirs, executive, administrators, successors, and assigns, jointly and severally, to make payment up to that amount upon a determination of liability under AS 21.89.110 and 3 ÅAC 31.315. |   |   |  |
| 2   | of AS 21.89.110 and 3 A   | pal has applied to the Alaska Director of Insurance for a<br>AC 31.315. This bond shall remain in effect so long as<br>auct its business in Alaska in compliance with the requ                            | the principal conducts business in Alaska.  |  |
|   | In no event shall the ago<br>claims exceed the amou   | regate liability of the surety for all breaches of the cornt of the bond.   | nditions of the bond and for payment of all |  |
|   | Effective this c  | lay of  |   |  |
|   | Signature of Licensee   | Typed name  | of licensed Licensee                        |  |
|   | Type Name of Surety (C  | ompany)   |   |  |
|   | Signature of Surety's Aut   | horized Agent Typed Name  | of Surety's Authorized Agent                |  |