



THE ATTORNEY GENERAL  
STATE OF ARKANSAS  
DUSTIN McDANIEL

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**BOND FOR PAID SOLICITOR**

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**AMOUNT: \$10,000.00**                      **INSURANCE COMPANY BOND NO.** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ (Legal Name of Paid Solicitor), as Principal, and \_\_\_\_\_ (Name of Surety Company), a Surety authorized to do business in the State of Arkansas, are held and firmly bound to the Attorney General of the State of Arkansas for the use of the State of Arkansas and any person who may have a cause of action against the principal obligor for any deceptive trade practice, malfeasance, or misfeasance of the Principal or any professional telemarketer retained by him in the conduct of a solicitation in the amount of \$10,000.00, lawful money of the United States of America for the payment of which well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Attorney General of the State of Arkansas to register as a Paid Solicitor for the period ending \_\_\_\_\_, in accordance with the provisions of Ark. Code Ann. § 4-28-401 through 416, and is required to furnish a surety bond with such registration.

And, if the Principal shall fully and faithfully observe all provisions of Ark. Code Ann. § 4-28-401 through 416 and other relevant Arkansas law, then this obligation shall be void, otherwise to remain in full force and effect.

The Surety may cancel this bond at any time by filing notice of its intent to cancel or terminate this bond with the Attorney General of the State of Arkansas in writing by certified mail with 30 days advance

notice. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the 30 day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this \_\_\_\_ day of \_\_\_\_\_ a \_\_\_\_\_, aaaa \_\_\_\_.

Name of Principal

Name of Surety

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Representative

By: \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Business Address of Authorized Representative

\_\_\_\_\_  
Business Address of Authorized Representative

\_\_\_\_\_  
Phone Number of Authorized Representative

\_\_\_\_\_  
Phone Number of Authorized Representative



