

HEARING INSTRUMENT DISPENSER'S BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
as Principal, and _____
a corporation lawfully doing business in the State of Arkansas, as Surety, are held and firmly bound unto the Arkansas Hearing Instrument Dispenser's Board, as obligee, in the sum of **TEN THOUSAND DOLLARS (\$10,000)**, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION of this obligation is such that the principal is required by the provisions of the Arkansas Code Annotated Section 17-84-203 and Article III, Section 7 of the Rules of the Board of Hearing Instrument Dispensers to furnish this bond.

NOW, THEREFORE, If the Principal shall conduct his/her business in accordance with the provisions of the said Statute and Rules and the laws of the State of Arkansas, then this obligation shall be void; otherwise to remain in full force and effect.

The duration of the bond shall be from the time the same is filed with the Obligee until such time as it may be released by the Obligee or canceled by the Surety as provided below. The aggregate liability of the surety, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

This bond may be canceled by the Surety as to future liability by giving written notice to the Obligee, stating the date of cancellation, which in no event shall be less than thirty (30) days after the mailing of said notice; however, the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

IN WITNESS WHEREOF, the above bounden parties have executed this instrument, and it is effective, _____, and shall continue in force until _____, or until the expiration date of any Continuation Certificate executed by Surety, at its sole option.

Principal
By _____
Surety

AR License Number: _____
Agent or Attorney-in-Fact
Address: _____