Minimum Statutory Requirements	
☑ *Agent*	*$20,000*
☐ *Public Adjuster*	*$20,000*
☐ *Consultant*	*$20,000*
☐ *Surplus Lines Broker*	*$1,000,000/$2,000,000*
☐ *Life Settlement Provider*	*$20,000/$100,000*
☐ *Life Settlement Broker*	*$20,000/$100,000*

Form 99-3
(Rev. 6/2010)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
AGENT LICENSING DIVISION
P. O. Box 517
Frankfort, KY 40602
502-564-6004
http://insurance.ky.gov

☑ **New**
☐ **Renewal**
☐ **Endorsement**
☐ **Replacement**

of Bond # _____

FINANCIAL RESPONSIBILITY SURETY BOND

Bond No. _____

Through its undersigned, duly authorized representative _____,
(Surety)
_____located at _____
(FEIN) *(Address, City, State, Zip)*

(hereinafter called the Surety), agrees pursuant to the provisions of KRS 304.9-105, 304.9-330, 304.9-705(3), 304.10-140, 304.15-700, or 806 KAR 9:030, Section 1, to indemnify any person damaged by any erroneous act or failure to act by _____, _____ of _____
(Name of Licensee) *(SSN/FEIN)* *(City, State, Zip)*

(hereinafter called the Principal) under his or her license in the total aggregate sum of _____.

This bond shall remain in force until the license of the Principal is revoked or otherwise terminated or until this bond is terminated by the Surety. Termination of this bond by the Surety shall be without prejudice to any liability incurred under this bond and shall be effective only upon thirty (30) days prior written notice to both the Principal and the Commissioner. Notice of termination shall be given by sending completed Form 99-5 (available on the Department Web site) to the Department of Insurance and by mailing a copy to the Principal at the Principal's last address known to the Surety. Notice to the Commissioner shall be deemed to have been given on the date the Department of Insurance receives completed Form 99-5.

IN WITNESS WHEREOF,
this agreement has been executed by and on behalf of the Surety this _____ day of _____, _____.

Typed Name of Authorized Representative of Surety: **Title:**

_____ Attorney in Fact

Signature of Authorized Representative of Surety: **Date:**

_____ _____

Signature of Principal: **Date:**

_____ _____

Sworn to and signed before me this _____ day of _____, _____.

_____ **My Commission Expires _____.**
(Notary Public)