

Nevada Division of Insurance

Bond of Funeral Seller as Provided By NRS 689 BOND NO.: _____

WHEREAS; _____,
seeks to become licensed as a Funeral Seller as defined by NRS 689 (as revised from time to time), and pursuant there to, _____, shall file with the Commissioner of Insurance a bond with an authorized surety in favor of the State of Nevada;
and

WHEREAS; _____, is prepared to assume the duties; obligations, responsibilities and rights provided by NRS 689.185;

NOW THEREFORE, the following undertaking is entered into on behalf of _____ by _____
a corporation existing under the laws of the State of _____ and duly authorized to transact business in the State of Nevada, do hereby undertake and bond ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents for the sum of \$50,000 dollars, in favor of the State of Nevada to inure for the benefit of any person damaged as specified in NRS 689.185 (as revised from time to time).

IT IS UNDERSTOOD AND AGREED that the aggregate liability under this bond shall not exceed the penal sum of the bond regardless of the number of years this bond shall remain in effect, and in no event shall the liability of the Surety of this bond exceed the requirements of NRS 689.185 (as revised from time to time).

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and the Surety shall not be liable for any loss after the expiration of the thirty (30) days except for losses occurring while the bond is in full force and effect.

All other terms and conditions of NRS 689.185 (as revised from time to time) and incorporated herein as though fully set forth, and any rights, obligations and duties imposed thereby shall apply as though specifically set forth herein.

Signed, sealed and dated this _____ day of _____, _____.

To be effective _____.

By: _____
(Signature & Printed name of principal)

By: _____
(Surety/Company name)

By: _____
(Signature & Printed name)
Attorney-in-fact on file with the Nevada
Division of Insurance Attach Power of Attorney.

By: _____
(Signature, Printed Name & Nevada License number.)
Countersigning Producer Appointed by Insurer.