MAINE SURPLUS LINES INSURANCE PRODUCER’S BOND

BOND #______________________________

KNOW ALL PERSONS BY THESE PRESENTS

THAT __________________________________________________________________

(Name of Applicant)

of _____________________________________________________________ as principal, and

(City, State)

_____________________________________of____________________________________________

(Name of Surety Company)                                                                    (Place of Business)

as surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of TWENTY
THOUSAND DOLLARS ($20,000) to the payment of which we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above named Producer who has been licensed as
a Surplus Lines Insurance Producer in accordance with Title 24-A of the Maine Revised Statutes,
complies with all the requirements of 24-A M.R.S.A §2020 as amended, and shall be conditioned upon the
full accounting and due payment to those entitled thereto, of funds coming into the producer's possession
through insurance transactions under said license, then this obligation shall be void, otherwise to remain in
full force and effect.

This bond shall be continuous in nature and remain in force until the surety is released from liability
by the Insurance Commissioner or until cancelled by the surety. Without prejudice to any prior liability
accrued, the surety may cancel this bond upon 30 days' advance written notice to the Licensee and the
Superintendent.

Pursuant to Title 24-A M.R.S.A. § 3105, either (1) a power of attorney form authorizing the
undersigned to issue this bond amendment/cancellation is attached thereto; or (2) this bond has been
issued by a corporate officer authorized to issue bonds, and a "Board of Directors' Resolution" is attached
evidencing the officer's authority to issue bonds.

Signed, Sealed and Dated this ___________ Day of ___________________ 20_____

Witnessed:

__________________________________________   ____________________________________L.S.

(Must be signed by witness)                                                                 (Signature of Applicant)

_________________________________________________

(Name of Surety Company authorized to do business in Maine)

BY: _________________________________Seal