



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

Public Adjuster's Bond

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, That _____, SS# _____ - _____ - _____ whose residence is _____ and place of business is _____, as Principal, and _____ as Surety are held and firmly bound unto THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, in the penal sum of Fifty Thousand (\$50,000) dollars, lawfully money of the United States of America, for payment of which well and truly to be made, we bind ourselves, and our and each of our heirs, executors, administrators, successors and assign jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the Principal, the above bounded _____ shall faithfully comply with the conduct business under his/her license in accordance with the provisions of the public adjuster laws, Part VI of Chapter 626, Section 626.851 through 626.878 Florida Statutes, and abide by all rules and regulations of THE DEPARTMENT OF FINANCIAL SERVICES as promulgated by the CHIEF FINANCIAL OFFICER. The obligation shall be null and void; otherwise, and it shall remain in full force and effect. This bond shall be in favor of the department and shall specifically authorize recovery by the department of the damages sustained in case the licensee is guilty of fraud or unfair practices in connection with his or her business as a public adjuster.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be canceled and discontinued by giving thirty (30) days notice in writing to the Principal and filed with THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, by United States registered mail and this bond shall be deemed canceled at the expiration of the said thirty (30) days from the receipt of the said notice, the Surety remaining liable for all or any part of such premium receipts tax and other obligations covered by this bond, which may have accrued by default of the Principal prior to the effective date of the cancellation.

IN WITNESS WHEREOF the said Principal has caused these presents to be executed by affixing thereto his/her signature, and the said surety has caused presents to be executed by the signature of its attorney-in-fact and its corporate seal to be affixed hereto attested by its attorney-in-fact this _____ day of _____, year of _____. This bond shall become effective on the _____ day of _____, year of _____, and remain in force until canceled.

Principal

Surety (name of insurance company)

Witness to Principal

Attorney-in-Fact (signature)

(SEAL)

Print Name

Licensed General Lines Agent (Must be currently appointed by above Surety)

LIC# _____

Street _____

City _____

State _____ Zip Code _____

NOTE: Attach to this bond a properly certified copy of the agent's Power-of-Attorney. Signature of Principal **MUST BE WITNESSED**. Type below each signature the name of the person having affixed his/her signature. THIS BOND MUST BE COUNTERSIGNED BY A FLORIDA LICENSED GENERAL LINES AGENT OF THE SURETY.

***NOTE**

You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.