

**SURETY BOND**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_, Principal, and  
(Name of Person) (Name of Business or Company)

\_\_\_\_\_ Surety, are held and firmly bound  
unto the State of Mississippi, in the sum of \$\_\_\_\_\_, lawful money of the United States of  
America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors,  
administrators and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is that \_\_\_\_\_,  
Principal, was granted a license to engage in \_\_\_\_\_  
\_\_\_\_\_, Professional services under the provision of Sections 69-19-1  
through 69-19-11, Mississippi Code 1972 as amended.

NOW, if the principal obligor herein shall honestly and faithfully conduct said professional  
business in accordance with the laws and regulations of this state, and shall faithfully perform all his  
professional service contracts, this obligation shall be void, otherwise, to remain in full force and effect.  
The conditions of this bond shall cover professional services rendered from the date hereof until the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS our signatures, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Insurance Agent (Print or Type)

\_\_\_\_\_  
Principal (Print or Type)

\_\_\_\_\_  
Signature of Insurance Agent

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
Agency's Name

\_\_\_\_\_  
Principal's Address

\_\_\_\_\_  
Agency's Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Surety (Signature)  
\*Attach Power-of-Attorney