

Date

STATE OF NEBRASKA DEPARTMENT OF INSURANCE LICENSING DIVISION

www.DOI.Nebraska.gov

PUBLIC INSURANCE ADJUSTER SURETY BOND FORM

BOND NUMBER						
Know All Persons by These That we,				as Principal	, whose	address is
as Surety, being a surety compof \$20,000.00 as specified at N of any customer of the above of an acceptable currency of the linstrument, we jointly and severand ourselves.	Teb. Rev. Stat § lescribed Principulated States in	to do busine 44-9212. The pal and as de accordance	e specified sun fined by the Nowith the statute	n is payable fo ebraska Insur ory provision	or the use ance Coo cited ab	e and benefit de, 44-9212, ove. By this
The conditions of the above o	bligations are:					
Whereas the above named Pr a Public Insurance Adjuster a Adjuster in accordance with the	to engage in or	continue th	e business of			
Now, Therefore, should the against the Principal by any cremains in full force and effect	ustomer, this o	bligation wil	l become voic			
As of Continuation or renew	, 20_ val certificates a	, this be	ond will be in ry.	full force an	d effect	indefinitely.
The surety may, at an Department of Insura remains liable for any	ince thirty (30)	days prior	to the termina	ation date. T	he suret	y, however,
3. In no event will the ag or more claimants, exc			-	ond, for any o	or all dan	nages to one
In Witness Whereof said Pri 20 to be effective the _						day of,
Name of Public Adjuster			Name of Surety			
Signature			Signature			
Name and Title of Signator			Name and Title of	Signator		

Date