



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134**

Fax: 615 532-2862

615 741-2693

ce.agent.licensing@tn.gov

**LICENSING REQUIREMENTS FOR
PUBLIC ADJUSTERS**

Effective July 1, 2007, no person or business entity shall act or hold out as being a public adjuster unless licensed as a public adjuster.

A business entity acting as a public adjuster is required to obtain a public adjuster license. The business entity must designate a licensed public adjuster responsible for the business entity's compliance with the insurance laws, rules and regulations of TN.

General Requirements

1. The applicant is at least eighteen (18) years of age.
2. Resides in Tennessee or is eligible for a nonresident license pursuant to 56-6-908.
3. The applicant is trustworthy, reliable and of good reputation.
4. The applicant is financially responsible to exercise the license, and has provided proof of financial responsibility as required by 56-6-911.
5. The applicant maintains an office in the applicant's home state of residence, with public access by reasonable appointment or regular business hours, or both.
6. The applicant must pass the public adjuster examination.
7. The business entity must designate a licensed public adjuster responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Application Procedures for Resident Public Adjusters

1. Schedule your examination and pay the examination fee to PearsonVue (Phone: (800) 274-4957).
2. Fingerprint based background check is required - see attached instructions.
3. Pass the required examination. PearsonVue will electronically submit your scores to the department.
4. Submit your application and filing fee (\$100.00) to the TN Department of Commerce and Insurance electronically at www.nipr.com OR file the paper Uniform Application. **YOU MUST WAIT 48 HOURS FROM TAKING THE EXAMINATION TO SUBMIT YOUR APPLICATION ELECTRONICALLY.** Processing time for paper applications is 15 days from receipt in Agent Licensing Section.
5. Surety Bond in the amount of \$50,000 (form attached).
6. Proof of an Errors and Omissions Policy in the amount of \$500,000.
7. You will be issued a license by the Tennessee Department of Commerce and Insurance upon meeting all licensing requirements.

Application Procedures for Nonresident Public Adjusters

1. Submit the Uniform Application for Individual Public Adjuster electronically at www.nipr.com or file paper application. Paper application processing time is 15 days from receipt in the Agent Licensing Section.
2. Filing Fee - \$100.00
3. Home state verification will be performed through the National Producer Data Base (PDB). If information cannot be obtained through the PDB, submit Letter of Certification from home state.
4. Surety Bond in the amount of \$50,000.
5. Proof of an Errors and Omissions Policy in the amount of \$500,000.

Application Procedures for Public Adjuster Business Entity

Business entities operating as a public adjuster in Tennessee must obtain a Public Adjuster Business Entity License.

1. Uniform Application for Business Entity Public Adjuster License
2. Filing Fee - \$100.00
3. Business entity must designate a licensed public adjuster responsible for the business entity's compliance with the insurance laws, rules and regulations of TN.

THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE MAKES THE FINAL DECISION AS TO WHETHER TO LICENSE ANY APPLICANT UNDER TENNESSEE INSURANCE LAW.

Renewal Information

A public adjuster license shall remain in effect for a period of two years. Renewal is on the anniversary date of licensure - \$100.00 renewal fee.

A public adjuster who allows the adjuster's license to lapse may, within twelve (12) months from the date of expiration, be issued a new public adjuster license upon the department's receipt of the renewal form. However, a penalty in the amount of double the renewal fee shall be required, and subject to other penalties as provided by law before the license will be renewed.

Continuing Education

An individual, who holds a public adjuster license, shall satisfactorily complete a minimum of twenty-four (24) hours of continuing education courses, including ethics, reported on a biennial basis in conjunction with the license renewal cycle. The education requirements shall be in addition to any other continuing education requirements required for other professional licenses held by the individuals. Only continuing education courses approved by the commissioner shall be used to satisfy the continuing education requirement.

Nonresident public adjuster licensees who have met the continuing education requirements in their home state and whose home state gives credit to residents of this state on the same basis are not required to complete continuing education in TN.



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Registering for Fingerprinting

Online Registration

Available 24 hours a day, 7 days a week.

1. Go to www.identogo.com
2. Click on Tennessee map
3. Enter required information: name, agency (Department of Commerce and Insurance), choose type:

TN Insurance Producer - ORI # TN920680Z (Transaction Type – IP)

TN Public Adjuster – ORI# TN920560Z

TN Navigator/CAC - ORI# TN920783Z

4. Follow prompts for locations and payment

If you need assistance, call 1- (855) 226-2937 to speak to a representative.

FINGERPRINTING

APPLICANT RECORD NOTIFICATION

Notification

Fingerprints submitted will be used to check the criminal history records of the TBI and FBI.

Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction or Updating

Procedures for obtaining a change correction or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34



Uniform Application for PUBLIC ADJUSTER License/Registration

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____

Demographic Information

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number					
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)			⑨ City	⑩ State	⑪ Zip Code
⑬ Home Phone Number () -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, you must provide two forms of documentation of identity and immigration status.)			
⑯ Business Entity Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip Code
㉓ Business Phone Number (include extension) () -	㉔ Business Fax Number () -	㉕ Business E-Mail Address		㉖ Business Web Site Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City	㉚ State	㉛ Zip Code
㉜ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					

Agency or Business Entity Affiliations

③④ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

③⑤ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					

(State Use)



Uniform Application for PUBLIC ADJUSTER License/Registration

Background Information

37) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license.

“Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company

You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes,

a) by how many months are you in arrearage? _____ Months

b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___

c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicant's Certification and Attestation

38 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

39 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

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Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for PUBLIC ADJUSTER BUSINESS ENTITY

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____

1 Business Entity Name		2 Incorporation/Formation Date (month) ___(day) ___(year) ____		3 FEIN -	
4 If assigned, National Producer Number (NP#)			5 If applicable, FINRA Firm Central Registration Depository (CRD)		
6 List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			7 State of Domicile		8 Country of Domicile
9 Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
10 Business Address		11 City		12 State	13 Zip Code
15 Phone Number (include extension) () -		16 Fax Number () -		17 Business Web Site Address	
18 Business E-Mail Address		19 Mailing Address		20 P.O. Box	21 City
		22 State	23 Zip Code	24 Foreign Country	

Designated/Responsible Licensed Producer

25 Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See *Matrix of State Requirements* at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____

Owners, Partners, Officers and Directors

26 Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No

(State Use)



Uniform Application for PUBLIC ADJUSTER BUSINESS ENTITY

Background Information

29 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- d) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- e) a copy of the charging document,
- f) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

“Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- d) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- e) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- d) a written statement summarizing the details of each incident,
- e) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitration, or mediation proceedings and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- c) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- d) copies of all relevant documents.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for PUBLIC ADJUSTER BUSINESS ENTITY

Applicant's Certification and Attestation

30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Attachments

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3. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
4. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

PUBLIC ADJUSTER BOND

STATE OF TENNESSEE

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That, _____ an applicant for or holder of a Tennessee Public Insurance Adjuster's license, whose address is _____ and _____, as Surety, a corporation duly authorized to transact surety business in the State of Tennessee, in the full and penal sum of Fifty Thousand Dollars, (\$50,000), lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

Sealed with our seals and dated this _____ day of _____, 20____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, That, Whereas, the above bounden Principal is now licensed to engage or continue in the business of a Public Insurance Adjuster, in accordance with the provisions of the Insurance Laws of the State of Tennessee and desires to give bond as required by the said laws of the said state.

WHEREAS, the Principal has applied to the Insurance Commissioner of the State of Tennessee for a license as a Public Insurance Adjuster and is required by Title 56, Chapter 6, Tennessee Code Annotated, to give this bond.

NOW THEREFORE, the condition of the above obligation is such, that if the above bounden Principal shall fully account and pay to the person entitled thereto, all funds belonging to such person which may come into the possession of said Principal through insurance transactions under his Public Insurance Adjuster's license while this bond remains in force, and shall conduct his business as Public Adjuster in full compliance with the insurance laws of said state, then this bond shall be void and of not effect; otherwise, to remain in full force and virtue.

PROVIDED, That the aggregate liability hereunder for all causes of action arising during the period for which this bond is written shall not exceed the total sum of Fifty Thousand Dollars, (\$50,000) and provided further that this bond may be canceled by the Surety upon the giving of thirty (30) days prior notice to The Department of Commerce and Insurance, except that such notice shall not be effective as to claims arising out of any transactions prior to the effective date thereof.

In WITNESS WHEREOF, The said Principal has hereunto set his hand and seal, and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed the day and year first above written.

EFFECTIVE _____

Principal: _____

Surety: _____