

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE **BURIAL SERVICES**

500 James Robertson Parkway, Davy Crockett Tower, Nashville, TN 37243

CEMETERY COMPANY SURETY BOND

STATE OF TENNESSEE)	Bond No.
COUNTY OF)	
Let it be known that		netery Company on Registration)
located at	(Mailing & Phys	ical Address)
a cemetery company as defined in T	Tenn. Code Ann	. § 46-1-102, as PRINCIPAL, owns and
intends to operate a cemetery or sep	oarate geographi	cal location thereof known as
	located at	
(Name of Cemetery)		(Physical Address of Cemetery)
THEREFORE, the PRINCI	PAL is required	l by the Cemetery Act of 2006 (the "Act") to
establish and forever maintain an im	nprovement care	e trust fund for each separate cemetery and for
each separate geographical location	n of each cemet	ery owned and operated by the PRINCIPAL.
Pursuant to Tenn. Code Ann. § 46	6-1-203, PRINO	CIPAL is required to file this bond with the
commissioner and deposit this bond	l into its improv	ement care trust fund.

THEREFORE, the PRINCIPAL and _____

(Name of Surety)

an entity duly organized and authorized to transact the business of indemnity and suretyship in Tennessee located at ______(Mailing & Physical Address) _____, as SURETY,

enter this agreement and are hereby held and firmly bound unto the State of Tennessee,

Department of Commerce and Insurance, as OBLIGEE, in the sum of \$_____. We bind ourselves, our successors and assigns, jointly and severally, firmly by this obligation.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

 Failure by the PRINCIPAL to strictly comply with all provisions imposed by the Act, or the rules and regulations promulgated thereunder, relative to the improvement care trust account.

The SURETY may terminate its liability as to future acts or omissions of the PRINCIPAL by giving a written notice to the OBLIGEE stating the date that the termination shall take effect, sent by certified mail to the Commissioner of Commerce and Insurance at 500 James Robertson Parkway, Nashville, TN 37243 at least ninety (90) days prior to the effective date of the termination. However, such termination shall not relieve the SURETY from obligation for any act or omission of the PRINCIPAL prior to the effective date of the termination.

Signed, sealed, and dated this _____ day of _____, 20____.

NAME OF COMPANY

NAME OF SURETY

SIGNATURE OF PRINCIPAL

ADDRESS OF SURETY

(SEAL)

NAME OF SURETY AGENT

SIGNATURE OF SURETY AGENT

ADDRESS OF SURETY AGENT

SIGNATURE OF NOTARY

Sworn to me before this _____ day of _____, 20____

My Commission Expires_____