

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:

1. 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_____