

GOVERNOR  
MARY FALLIN



INSURANCE COMMISSIONER  
JOHN D. DOAK

OKLAHOMA INSURANCE DEPARTMENT  
STATE OF OKLAHOMA

### PUBLIC ADJUSTER'S BOND

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

KNOW ALL MEN BY THESE PRESENTS that we, \_\_\_\_\_,  
doing business within the state of Oklahoma at \_\_\_\_\_, as  
Principal, and \_\_\_\_\_, a corporation authorized to transact  
business within the State of Oklahoma, as Surety, are held and firmly bound unto the State of  
Oklahoma in the sum of Twenty-five Thousand and No/100 Dollars (\$25,000.00) for the payment of  
which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors,  
and assigns, jointly and severally, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEREAS, the above bounden Principal  
has made application to the Insurance Commissioner for a license to engage in the business of a  
"Public Adjuster" within the State of Oklahoma, and will function as such pursuant to **36 O.S. § 6201**  
et seq.

NOW, THEREFORE, this bond is conditioned upon the accounting by the adjuster to any insured  
whose claim he is handling for monies or any other settlement received in connection with the claim.

This bond is a continuing bond, and may be terminated by the Surety upon thirty (30) days written  
notice of its intention to terminate this bond, delivered to and acknowledged in writing by the  
Insurance Commissioner, State of Oklahoma, without prejudice to any liability incurred prior to the  
effective date of cancellation.

Signed, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
(Type Name)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type Name and Title)

Countersigned by:

\_\_\_\_\_  
(Oklahoma Resident or Non-Resident Agent)

\_\_\_\_\_  
(License Number)