

DIVISION OF INSURANCE

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

SURETY BOND OF DISCOUNT MEDICAL PLANS

Note: All bonds must be acknowledged

Bond Number: _____

Principal/Applicant Information – Type or print ALL information listed.

Applicant name: _____

Mailing address: _____

City, State, Zip Code, County: _____

Surety Information

Legal name of Surety Company: _____

NAIC #: _____

Mailing Address: _____

City, State, Zip Code, County: _____

Phone #: _____

Bond Conditions

Know All Men By These Presents:

The applicant as Principal and the named surety company as Surety, duly authorized and qualified to do business as a surety company in the state of South Dakota, are held firmly bound to the State of South Dakota and all persons with whom Principal engages in business to secure the performance of the duties of the Principal under the registration being applied for, in the amount of \$ _____, lawful money of the United States of America, payable at Pierre, South Dakota, and for the payment of which we bind ourselves, our heirs, personal representative, executors, administrators, successors, and assigns jointly and severally.

WHEREAS, the Principal has applied for registration to commence and engage within the State of South Dakota as a plan or program providing a discount on the fees of any provider of health care goods or services under the provisions of SDCL 58-17E or rules adopted pursuant thereto and is hereby known as a discount medical plan.

The Principal must, during the period beginning on the date this instrument is executed and continuing for each successive year or until the bond is cancelled as provided herein, faithfully perform all the duties and obligations imposed by law. This bond is continuous from the date of execution and is extended from calendar year to calendar year.

The bond may be cancelled by the Surety as to future liability by giving written notice by certified mail to the Principal and to the Division of Insurance at Pierre, South Dakota, and sixty days (unless a different period is indicated in the applicable statute) after the receipt of said notice by the Division of Insurance this bond is null and void as to any liability arising thereafter; however, the Surety remains liable for all terms and conditions of this bond for all acts or occurrences prior to the date of notice plus the above time period.

By securing this bond the Principal consents to the release of information to the Surety if it becomes necessary to make a claim upon the bond.

SIGNED AND SEALED THIS _____ DAY OF _____, 20_____.

INDIVIDUAL PRINCIPAL

By _____ Typed Name _____
(Affix Seal if available)

PARTNERSHIP OR CORPORATE PRINCIPAL

By _____ Typed Name _____
Title _____ Business Name _____
(Affix Corporate Seal if available) Address _____

OTHER ENTITIES (L.L.C. & L.L.P) PRINCIPAL

By _____ Typed Name _____
Title _____ Business Name _____
(Affix Seal if available) Address _____

**ACKNOWLEDGEMENT OF PRINCIPAL
(Individual)**

State of _____)
_____) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared
_____, known to me to be the individual described in and who
executed the foregoing instrument and acknowledged to me that he executed the same.

Notary Public

My commission expires the _____ day of _____, 20_____.

**ACKNOWLEDGEMENT OF PRINCIPAL
(Partnership)**

State of _____)
County of _____) ss

On this _____ day of _____, 20____, before me personally appeared _____, who acknowledged himself to be one of the partners of _____, a partnership, and that he, as such partner, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the partnership by himself as a partner.

Notary Public

My commission expires the _____ day of _____, 20_____.

**ACKNOWLEDGEMENT OF PRINCIPAL
(Corporation)**

State of _____)
County of _____) ss

On this _____ day of _____, 20____, before me personally appeared _____, who acknowledged himself to be the _____ of _____, a corporation, and that he, as such _____ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as _____.

Notary Public

My commission expires the _____ day of _____, 20_____.

**ACKNOWLEDGEMENT OF PRINCIPAL
(Other Entity – L.L.C & L.L.P.)**

State of _____)
_____) ss
County of _____)

On this _____ day of _____, 20____, before me personally appeared _____, who acknowledged himself to be the _____ of _____, a L.L.C or L.L.P. and that he, as such _____ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the L.L.C. or L.L.P. by himself as _____.

Notary Public

My commission expires the _____ day of _____, 20____.

Information below must be completed by Surety.

INDIVIDUAL, PARTNERSHIP OR CORPORATE SURETY

By _____ Typed Name _____

Title _____ Business Name _____

(Affix Corporate Seal if available) Address _____

**ACKNOWLEDGEMENT OF SURETY
(Corporate Officer)**

State of _____)
_____) ss
County of _____)

On this _____ day of _____, 20____, before me, a Notary Public in and for said County, personally appeared _____ personally known to me, who being by me duly sworn, did say that he is the aforesaid officer of the _____ of _____, a corporation duly organized and existing under the laws of the State of _____, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed on behalf of said corporation by authority of its Board of Directors, and further acknowledged that the said instrument and the execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal at _____, the day and year last above written.

Notary Public

My commission expires the _____ day of _____, 20____.

**ACKNOWLEDGEMENT OF SURETY
(Attorney-In-Fact)**

State of _____)
) ss
County of _____)

On this _____ day of _____, 20____, before me personally appeared _____, known to me or satisfactorily proven to the person whose name is subscribed as attorney in fact for _____ and acknowledged that he executed the same as the act of his Principal for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto subscribed my name and affixed my official seal at _____, the day and year last above written.

Notary Public

My commission expires the _____ day of _____, 20____.