



# Viatical Settlement Provider Bond

Co. Code # \_\_\_\_\_

Bond # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, THAT I/we \_\_\_\_\_  
residing at \_\_\_\_\_

\_\_\_\_\_, a Viatical Settlement Provider, as principal  
and \_\_\_\_\_ a company duly authorized  
to transact surety business in the State of Illinois, as Surety, are held and firmly bound unto the People of the State  
of Illinois and payable to any party insured under the terms and conditions of this bond, in the full and penal sum of  
\_\_\_\_\_ (\$ \_\_\_\_\_) dollars lawful money of the United States of America, for  
the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors  
and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bonded Principal is now or is about to  
become licensed to engage or continue in the business of a Viatical Settlement Provider, as provided by the Illinois  
Insurance Code, as amended.

NOW, THEREFORE, if the said Principal shall, while this bond is in force and effect make a full accounting and  
due payment to the person or company entitled thereto of funds coming into his possession as an incident to  
insurance transactions, and shall comply with all the provisions of Section 159/5 of the Illinois Insurance Code, as  
amended, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon  
its giving thirty (30) days notice to the principal of its intention of termination.

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 this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\*(Signature of Principal)--Social Security Number

\_\_\_\_\_  
(Bonding Company)

\_\_\_\_\_  
(Social Security Number/FEIN Number)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Signature of Attorney-in-Fact)

**Important Notice:** Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply  
may result in this form not being processed. This form has been approved by the Forms Management Center.