



NOTICE OF CLAIM
NORTH DAKOTA INSURANCE DEPARTMENT
STATE BONDING FUND
 SFN 12199 (Rev. 1-2006)

For Bonding Fund Office Use Only.

Bond Number	Claim Number
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NDCC 26.1-21

Name of Oblige (Insured)		Amount of Claim
Name of Contact Person	Title	Telephone Number
Name of Bonded Employee and/or Official		
Title	Date Bonded	Amount of Bond
Default Discovered By	Title	Date Discovered

Details of Default and Circumstances Leading to Discovery:

CLAIM MUST BE FILED WITHIN 60 DAYS OF DISCOVERY OF DEFAULT OR THE CLAIM WILL BE WAIVED.

STATE OF NORTH DAKOTA)
 COUNTY OF _____)ss
)

Claim is hereby filed against the North Dakota State Bonding Fund:

Subscribed and sworn to before me on

Notary Public

My commission expires: _____

(Seal)

Signature of Oblige
Title
Date

RETURN TO:

North Dakota State Bonding Fund
 1701 South 12th Street
 Bismarck, ND 58504
 Telephone: 701-328-9600
 FAX: 701-328-9610

RECEIVED: NORTH DAKOTA STATE BONDING FUND

Received By
Date Received