



SURETY BOND OF DISCOUNT PLAN ORGANIZATIONS
 NORTH DAKOTA INSURANCE DEPARTMENT
 SFN 61702 (10-2019)

Bond Number

Principal/Applicant Information - Type or print ALL information listed

Applicant Name			
Mailing Address			
City	State	ZIP Code	County

Surety Information - Type or print ALL information listed

Legal Name of Surety Company	NAIC Number	Telephone Number	
Mailing Address			
City	State	ZIP Code	County

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 North Dakota, are held firmly bound to the State of North 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 Bismarck, North 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 North 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 N.D.C.C. § 26.1-53.1 or rules adopted pursuant thereto and is hereby known as a discount 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 North Dakota Insurance Department, and sixty days (unless a different period is indicated in the applicable statute) after the receipt of said notice by the North Dakota Insurance Department 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.

Date Signed and Sealed

INDIVIDUAL PRINCIPAL

Typed Name Name of Individual	Affix Seal, if available
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PARTNERSHIP OR CORPORATE PRINCIPAL

Typed Name Name of Individual				Affix Corporate Seal, if available
Title				
Business Name				
Address	City	State	ZIP Code	

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

Typed Name Name of Individual				Affix Seal, if available
Title				
Business Name				
Address	City	State	ZIP Code	

ACKNOWLEDGEMENT OF PRINCIPAL (Individual)

State of	County of
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Date Individual Appeared Before Me	Name of Individual*
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* Known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same

Signature of Notary Public	Commission Expiration Date
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ACKNOWLEDGEMENT OF PRINCIPAL (Partnership)

State of	County of
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Date Individual Appeared Before Me	Name of Individual *
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Name of Business

* Individual acknowledged himself to be one of the partners, that he, as such partner, being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the partnership by himself as partner.

Signature of Notary Public	Commission Expiration Date
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ACKNOWLEDGEMENT OF PRINCIPAL (Corporation)

State of	County of
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Date Individual Appeared Before Me	Name of Individual *
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Title	Name of Corporation
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a corporation that he, as such being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself.

Signature of Notary Public	Commission Expiration Date
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ACKNOWLEDGEMENT OF PRINCIPAL (Other Entity - L.L.C. & L.L.P.)

State of	County of
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Date Individual Appeared Before Me	Name of Individual *
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Title	Name of L.L.C. or L.L.P.
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and that he, being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself.

Signature of Notary Public	Commission Expiration Date
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Information below must be completed by Surety.

INDIVIDUAL, PARTNERSHIP OR CORPORATE SURETY

By				Affix Corporate Seal, if available
Title				
Business Name				
Address	City	State	ZIP Code	

ACKNOWLEDGEMENT OF PRINCIPAL SURETY (Corporate Officer)

State of	County of
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Date Individual Appeared Before Me	Name of Individual *
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Title

Name of Corporation	Organized and Existing Under the Laws of the State of:
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The above individual appeared before me, a Notary Public in and for the County. I acknowledge 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.

Signature of Notary Public	Commission Expiration Date
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ACKNOWLEDGEMENT OF PRINCIPAL SURETY (Attorney-In-Fact)

State of	County of
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Date Individual Appeared Before Me	Name of Attorney
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Individual Attorney is Representing

The above individual appeared before me is known to me or satisfactorily proven to be the person whose name is subscribed as attorney in fact for and acknowledged that the executed as the same as act of his Principal for the purpose therein contained.

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

Signature of Notary Public	Commission Expiration Date
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