COMMERCIAL BLANKET BOND APPLICATION FOR GAME AND FISH VENDORS

PUBLIC EMPLOYEES AND/OR PUBLIC OFFICIALS

NORTH DAKOTA INSURANCE DEPARTMENT

STATE BONDING FUND

SFN 58566 (3-2016)

For Bonding Fund Use Only:

Bond Number:

N.D.C.C. 26.1-21

Name of Obligee (Insured)		Effective Date	
Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	

Limits of Liability:

Commercial Blanket Bond Coverage $15,000

Fees are $10.00 per vendor.

List each vendor and address:

Name of Vender	Address

For Bonding Fund Use Only:

The liability of the Obligee is subject to the terms of the following riders attached hereto:

Bond Period: From the beginning of the _____ day of _____ , 20 ____ , to 12 o'clock night on the effective date of the cancelation or termination of this bond as an entirety.

Dated this _____ day of _____ , 20 ____ .

Signature	Title

Return the completed form to:

North Dakota Insurance Department
600 E. Boulevard Ave.
Bismarck, ND 58505-0320
Telephone: 701-328-9600
FAX: 701-328-9610