



**South Carolina
Department of Insurance**

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

Post Office Box 100105
Columbia, South Carolina 29202-3105

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

BROKER BOND

STATE OF _____

BROKER BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That I, _____ as Principal,
of _____, and _____ as Surety, of _____
_____ are held and firmly bound unto the State of South Carolina, in the sum of Ten
Thousand (\$10,000) Dollars, to the payment of which, well and truly to be made, we bind ourselves, and each and everyone of
us, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated at _____ this _____ day of _____ in the year our Lord _____

WHEREAS, the laws of the State of South Carolina (S.C. Code Ann. Section 38-45-20, 1976, as amended) require an insurance
broker, before being licensed to do business in this State to file an approved bond in the sum of Ten Thousand (\$ 10,000) Dollars.

AND WHEREAS, _____ desires to
be licensed as an insurance broker in accordance with the laws of this State, and desires to file such a bond in the sum of Ten
Thousand (\$10,000) Dollars, and does by this instrument furnish and file such a bond.

NOW the condition of the above bond is such that if the above bound Principal shall pay any person insured or seeking insurance
through him who shall sustain loss as a result of (a) his violation of or failure to comply with any insurance law or regulation
of this State, (b) his failure to properly transmit any payment received by him, cash or credit, for transmission to an insurer or
insured, or (c) any act of fraud committed by him in connection with an insurance transaction, then the above bond is to be void
and of no effect or else to remain of full force and virtue.

Surety's liability hereunder, as to the future only, may be terminated:

(a) by written notice received by the Director of Insurance of South Carolina from Surety stating when, not
less than 30 days thereafter, Surety's future liability shall terminate; or (b) upon written authorization from
the Director of Insurance of South Carolina to Surety.

IN WITNESS whereof, Principal and Surety have executed and sealed this bond in the manner and form following:

In the presence of two witnesses as to Principal

1. _____

Principal

2. _____

One of above witnesses must complete affidavit
at top of reverse side

In the presence of two witnesses as to Surety

1. _____

Surety

2. _____

One of above witnesses must complete affidavit
at bottom of reverse side

By: _____

Title _____

(Affix Corporate Seal)

STATE OF _____

COUNTY OF _____

PERSONALLY appeared before me _____
(one of Witnesses to Principal on Reverse Side)

who, being duly sworn, says that he saw the within mentioned _____
(Principal)

sign, seal, and as to his act or deed, deliver the within written bond for the uses and purposes therein mentioned, and
that he witnessed the execution of same.

Signature of Above Witness to Principal

Sworn to and subscribed before me this _____ day of _____, _____
(year)

Notary Public

My Commission Expires: _____

STATE OF _____

COUNTY OF _____

PERSONALLY appeared before me _____
(one of Witnesses to Surety on Reverse Side)

who, being duly sworn, says that he saw the within mentioned _____
(Surety)

by _____ sign, seal, and as to his act or deed, deliver the within written
(Officer of the Surety)

bond for the uses and purposes therein mentioned, and that he witnessed the execution of same.

Signature of Above Witness to Surety

Sworn to and subscribed before me this _____ day of _____, _____
(year)

Notary Public

My Commission Expires: _____