



**GOVERNMENT OF THE  
DISTRICT OF COLUMBIA**

Department of Insurance, Securities and Banking 810  
First Street, NE Suite 701, Washington, DC 20002

**Surety Bond**  
Title Producer

Bond No. \_\_\_\_\_

Issued By \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Effective Date \_\_\_\_\_ To: \_\_\_\_\_

**This Form** is to be used by all applicants applying for a Title Producer's License. The bond must accompany the application.

**Know All Persons** by these presents, that we, \_\_\_\_\_ hereinafter referred to as the **PRINCIPAL**, and \_\_\_\_\_ an authorized insurer hereinafter referred to as the **SURETY**, are held and firmly bound unto the **District of Columbia Government, Department of Insurance, Securities and Banking (DISB)** hereinafter referred to as the **OBLIGEE**, in the penal sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_) for the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, jointly, severally and firmly by these presents.

**Whereas**, [employees of the **PRINCIPAL**] has [have] made application to the **OBLIGEE** for a license to conduct title insurance business in the **District of Columbia**.

**NOW, THEREFORE**, the condition of this obligation is that if [such employees of] the **PRINCIPAL** shall faithfully comply and conduct its title insurance business in accordance with District of Columbia law and all other ordinances, rules and regulations which have been or may hereafter be in force concerning said business, then this obligation shall be void, otherwise, to remain in full force and effect through the **license** period.

Any person including, but not limited to, consumers and title insurers, aggrieved by any breach of this Bond shall have, in addition to any right of action against the **PRINCIPAL**, a right to bring suit against **SURETY**, either alone or jointly with the **PRINCIPAL**, and to recover any damages sustained by reason of said breach. Provided, however, that without regard to the number of claims or claimants, the number of years this Bond remains in effect, or the number of premiums paid, the aggregate liability of **SURETY** shall not exceed the penal sum stated above.

**SURETY** must immediately notify the **OBLIGEE** upon making any payment on account of this Bond. A **thirty (30)** day written notice must be given to the **OBLIGEE** if this Bond is cancelled or non-renewed, but notwithstanding such cancellation or nonrenewal, **SURETY** shall remain liable for any breaches that occurred during the term of this Bond.

SIGNED, SEALED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_

As Witness:

\_\_\_\_\_  
Principal’s Signature

By: \_\_\_\_\_  
[Witness Signature]

\_\_\_\_\_  
Title

Corporate Seal

By: \_\_\_\_\_  
[Witness Signature]

\_\_\_\_\_  
Surety’s Name

\_\_\_\_\_  
Attorney-in-fact

Corporate Seal