PUBLIC OFFICIAL BONDS

This Bulletin is directed to all writers of bonds used to fulfill the requirements of IC 5-4-1 and all public officials, employees, and contractors required to file such bonds. It has become apparent to the Department that the public interest will be best served by the designation of a single form of bond under IC 5-4-1-18(i) (version effective January 1, 2016).

The Department has consulted with the State Board of Accounts and the Indiana Archives and Records Administration and now prescribes the three bond forms attached to this Bulletin. A company wishing to use a prescribed bond must file it with the Department pursuant to IC 27-1-22-4. These bonds are subject to a file-and-use requirement, which means they may be used in the market as soon as they are filed. Beginning January 1, 2016, the bond filed with the county recorder and local fiscal officer on behalf of a public official, employee, or contractor required to file such a bond under IC 5-4-1 must be on the prescribed form.

At this time, the Department is not prescribing a single form to be used for a crime insurance policy used to comply with IC 5-4-1. Until further notice, any crime insurance policy marked “filed” by the Department may be considered prescribed pursuant to IC 5-4-1-18(i).

INDIANA DEPARTMENT OF INSURANCE

Stephen P. Robertson
Insurance Commissioner
Bond number __________________________

______________________________________, as Principal, and
______________________________________, as Surety, as well as all heirs, executors, and
administrators of the Principal and Surety, are bound, jointly and severally, to the State of Indiana, in the
amount of $ __________________________, if subparagraph (b) is violated. In all other respects, the following
conditions apply to this Public Official Bond.

a) The Principal is duly elected, commissioned, appointed, or employed as __________________________
   for __________________________ in the State of Indiana.

b) The Principal shall faithfully perform and fulfill his or her duties of the position named in subparagraph
   (a); including compliance with IC 5-11 and paying over on demand to the persons entitled or authorized
to receive the same, all moneys that may come into his or her hands during the term of this Public
   Official Bond.

c) The term of this Public Official Bond is for a one (1) year term beginning on the ______ day of
   __________________________, 2________ and ending on the ______ day of __________________________, 2________.

d) This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).

e) This Public Official Bond complies with IC 5-4-1-18, and any conflict between this bond and the Indiana
   Code shall be resolved in favor of the statutory provisions.

f) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws
during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and
effect, except for that which was directly altered by the change in law.

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   (Seal)

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   By __________________________

Attorney in Fact

Accepted and approved this ______ day of __________________________, 2________
State of Indiana, _________________ County, ss:

Personally appeared before me, __________________________ in and for said County and State aforesaid, __________________________ who being sworn, upon his or her oath says: "I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honesty, and impartially fulfill the duties of the office of __________________________ to the best of my skill and ability."

__________________________

Subscribed and sworn to before me, this __________ day of __________________________ , __________________________

IN WITNESS WHEREOF, I have hereunto set my hand affixed the seal of said __________________________ at __________________________ this day and year above written.

I, __________________________ of the __________________________ do certify the above to be a true and correct copy of the official oath of __________________________ in and for said County as the same is endorsed on his or her commission.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said _________________ , at ________, this __________________________ day of ____________, A.D. __________

________________________________________

ACKNOWLEDGMENT OF PRINCIPAL

State of Indiana, _________________ County, ss:

Personally appeared before me, __________________________

Principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond This _________________ day of __________________________ , __________

________________________________________

Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)

ACKNOWLEDGMENT OF SURETY

State of Indiana, _________________ County, ss:

Comes now __________________________ by __________________________ its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this _________________ day of __________________________ and confirms compliance with IC 5-4-1-18(i)

________________________________________

Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)
PUBLIC OFFICIAL NAME SCHEDULE BOND

Bond number ____________________________

______________________________________, as Principal, and
______________________________________, as Surety, as well as all heirs, executors, and
administrators of the Principal and Surety, are bound, jointly and severally, to the State of Indiana, in the
amount shown in the attached schedule if subparagraph (a) is violated. In all other respects, the following
conditions apply to this Public Official Bond.

a) Any Public Official or Employee who is named in the schedule attached, shall faithfully perform and
fulfill his or her duties, including compliance with IC 5-11 and paying over on demand to the persons
entitled or authorized to receive the same, all moneys that may come into his or her hands during the
term of this Public Official Bond.

b) The term of this Public Official Bond is for a one (1) year term beginning on the ______ day of
______________, 2______ and ending on the ______ day of ________________, 2______.

c) This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).

d) This Public Official Bond complies with IC 5-4-1-18, and any conflict between this bond and the Indiana
Code shall be resolved in favor of the statutory provisions.

e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws
during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and
effect, except for that which was directly altered by the change in law.

f) Automatic coverage is granted for the first thirty days of service of any Public Official or Employee
succeeding one listed in the schedule. Provided, however, that the automatic coverage granted shall be
void and of no effect unless during the said thirty day period a written request has been made to add
the Public Official or Employee to the schedule and the Surety by written acceptance has consented
thereto.

Dated this ______ day of ____________________, 2______

By ____________________________________

Attorney in Fact
Bond number ______________________

Schedule of Public Officials and Employees effective *(month, day, year)* ______________________

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<tr>
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<th>Name of Position</th>
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PUBLIC OFFICIAL POSITION SCHEDULE BOND

State Form 55948 (11-15)
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF INSURANCE

Bond number ____________________________
________________________________________, as Principal, and
________________________________________, as Surety, as well as all heirs, executors, and
administrators of the Principal and Surety, are bound, jointly and severally, to the State of Indiana, in the
amount shown in the attached schedule if subparagraph (a) is violated. In all other respects, the following
conditions apply to this Public Official Bond.

a) Any Public Official or Employee while occupying a position named in the schedule attached, shall
faithfully perform and fulfill his or her duties, including compliance with IC 5-11 and paying over on
demand to the persons entitled or authorized to receive the same, all moneys that may come into his or
her hands during the term of this Public Official Bond.

b) The term of this Public Official Bond is for a one (1) year term beginning on the _______ day of
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c) This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).

d) This Public Official Bond complies with IC 5-4-1-18, and any conflict between this bond and the Indiana
Code shall be resolved in favor of the statutory provisions.

e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws
during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and
effect, except for that which was directly altered by the change in law.

Dated this _______ day of ________________, 2_____

By ________________________________________

Attorney in Fact
Bond number _______________________

Schedule of Position - effective *(month, day, year)* ________________________

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