



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 _____, 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.

Dated this _____ day of _____, 2_____

By _____
Attorney in Fact

Bond number _____

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

Schedule Number	Name of Position	Number of Public Officials or Employees	Amount of Bond
1.			
2.			
3.			
4.			
5.			
6.			
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