



PUBLIC OFFICIAL BOND

State Form 55947 (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 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.

(Seal)

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)