DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

State of Florida

County of: _____

SURETY BOND

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, having a place of business in _____, _____ County, Florida, as principal, hereinafter called certificate holder, and the _____ authorized to conduct and carry on a general surety business in the State of Florida, as surety, are held firmly and bound unto the Chief Financial Officer, as head of the Department of Financial Services, and his successors in office, in the sum of _____ Dollars ($_____) for the payment whereof certification holder and surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Preneed Licensee has or plans to offer for sale funeral services or merchandise or burial services or merchandise pursuant to Section 497.462, Florida Statutes, prior to the time of need; and

WHEREAS, Preneed Licensee agrees to deliver said services and merchandise in accordance with the requirements of Section 497.462, Florida Statutes.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION is such that, if Preneed Licensee shall promptly and faithfully perform said contract, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

The surety hereby waives notice of an alternation or extension of time by the Department.

Whenever the Preneed Licensee shall be, and declared by the Department to be, in default in accordance with Section 497.462 Florida Statutes, the surety must promptly remedy the default by delivering the services and merchandise in accordance with the contract.

The surety company shall have the right, upon 90 days, written notice to the Department and the cemetery company, to resign as the surety company.

SIGNED AND SEALED at _____, County, Florida, this _____ day of _____ A.D., _____.

_____
Signature of Principal

_____
Name and Title of Principal

_____
Phone Number of Principal

_____
Email Address of Principal

_____
Signature of Authorized Representative of Surety (Affix Surety Seal and Attach Power of Attorney)

_____
Phone Number of Authorized Representative of Surety

_____
E-mail Address of Authorized Representative of Surety