

**PREPAID LEGAL SERVICES COMPANY  
SPECIAL DEPOSIT BOND  
STATE OF SOUTH CAROLINA**

**Bond Number** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That the undersigned \_\_\_\_\_  
Name of Principal/Owner  
as principal of \_\_\_\_\_ and the undersigned \_\_\_\_\_  
Name of Company Name of Surety's Agent  
as surety, of \_\_\_\_\_ are firmly held and bound unto the Administrator of the Department of  
Name of Surety Company  
Consumer Affairs of the State of South Carolina in full and just sum of \$ \_\_\_\_\_ dollars, to which payment we bind  
ourselves and our respective successors and assigns jointly and severally.

Sealed with our seals and dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our  
Lord two thousand and \_\_\_\_\_.

WHEREAS, Section 37-16-20 of the Code of Laws of South Carolina, 1976, as amended, requires that a prepaid legal services company deposit and thereafter continuously maintain a bond in the amount of \$ \_\_\_\_\_ dollars. The bond is to be executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for the use of the State as well as any customers who have a cause of action against the prepaid legal services company.

AND WHEREAS, the \_\_\_\_\_ aforesaid, desires to transact business within the State of South Carolina in accordance with the terms of its laws and to deposit with the Administrator a good and solvent bond in the sum of \$ \_\_\_\_\_ dollars, does by this instrument furnish that bond.

NOW THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the Prepaid Legal Services Act, S.C. Code § 37-16-20 et seq. or has failed to provide contracted prepaid legal services to customers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary (South Carolina Department of Consumer Affairs) are entitled to the sum of \$ \_\_\_\_\_.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the surety to the Administrator that liability shall terminate upon the expiration of forty five (45) days from the date of such notice, or (b) upon written authorization mailed to the surety by the Administrator.

IN WITNESS whereof the principal and surety have set their hands and affixed their seals in the manner and form following:

In presence of witnesses as to principal:	Name of Principal:
(1) _____	_____
(2) _____	By: _____
	President (Officer)

In presence of witnesses as to surety:	Name of Surety:
(1) _____	_____
(2) _____	By: _____
	President (Officer)

**EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON REVERSE SIDE.**

**WITNESS AS TO PRINCIPAL**

**STATE OF** \_\_\_\_\_,

\_\_\_\_\_ County.

Before me, the subscribing Notary Public, personally appeared \_\_\_\_\_  
Witness number one (see front of bond)  
and made oath that he/she saw the within named \_\_\_\_\_ Company  
represented by \_\_\_\_\_ sign, seal, and deliver the within Bond, and  
that he/she with \_\_\_\_\_  
Witness Number two (see front of bond)  
subscribed their names as witness thereto.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
A.D., 20\_\_\_\_.

\_\_\_\_\_  
To be signed by witness one or two (see front of bond)

\_\_\_\_\_  
Notary Public

**WITNESS AS TO SURETY**

**STATE OF** \_\_\_\_\_,

\_\_\_\_\_ County.

Before me, the subscribing Notary Public, personally appeared \_\_\_\_\_  
Witness number one (see front of bond)  
and made oath that he/she saw the within named \_\_\_\_\_ Company  
represented by \_\_\_\_\_ sign, seal, and deliver the within Bond, and  
that he/she with \_\_\_\_\_  
Witness Number two (see front of bond)  
subscribed their names as witness thereto.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
A.D., 20\_\_\_\_.

\_\_\_\_\_  
To be signed by witness one or two (see front of bond)

\_\_\_\_\_  
Notary Public

Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety.

Mailing Address of the Surety

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

Mailing Address of the Department of Consumer Affairs

Department of Consumer Affairs  
P.O. Box 5757  
Columbia, South Carolina 29250-5757  
Telephone Number 803-734-4200

NAME, ADDRESS AND TELEPHONE NUMBER OF SURETY CONTACT IN THE EVENT A CLAIM MUST BE FILED.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY, STATE AND ZIP CODE)

E-MAIL: \_\_\_\_\_

TEL. NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_