



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Company Analysis and Examinations Division**

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**Discount Medical Plan Organization Surety Bond**  
(as provided by W. Va. Code §33-15E-6)

Bond No.: \_\_\_\_\_

Know all persons by these presents that \_\_\_\_\_ (Principal) and \_\_\_\_\_ (Surety), a corporation duly organized and doing business under and by virtue of the laws of the State of West Virginia, and duly licensed for the purpose of making, guaranteeing or becoming sole surety upon bonds or undertakings required or authorized by the laws of the State of West Virginia, as Surety, are held and firmly bound unto the West Virginia Offices of the Insurance Commissioner and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such that:

**WHEREAS**, the above bounded Principal has made application to the West Virginia Offices of the Insurance Commissioner for a Discount Medical Plan Organization license under W. Va. Code §33-15E-4(a), authorizing said Principal to engage in business under said section and amendments and additions thereto;

**WHEREAS**, under the terms of said Code a surety bond is required of said Principal; and good and sufficient surety, payable to the West Virginia Offices of the Insurance Commissioner and conditioned upon the faithful and honest conduct of business of Discount Medical Plan Organization by such Principal, for the benefit of any person damaged by any violation of said Code by the Principal; and,

**WHEREAS**, the Principal, has elected to give such surety bond with the Surety;

Now, **THEREFORE**, the Surety shall be obligated to pay the amount of the loss, not to exceed the amount of the bond, to the West Virginia Offices of the Insurance Commissioner in the event that the Principal fails to faithfully perform its obligation to persons, or fails to faithfully perform each, every, and all of its obligations to persons.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES HERETO THAT THIS BOND WILL RENEW ON A YEARLY BASIS (OR A TIME FRAME AGREED ON BY THE PARTIES), FROM THE TIME OF ITS INCEPTION.

**NO CANCELLATION OF THIS BOND, WHETHER BY OR AT THE REQUEST OF THE PRINCIPAL OR BY THE SURETY, SHALL TAKE EFFECT PRIOR TO THE EXPIRATION OF 30 DAYS AFTER WRITTEN NOTICE OF THE CANCELLATION OF THIS BOND HAS BEEN FILED WITH THE WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER UNLESS AN EARLIER DATE**

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Regardless of the number of claims or claimants hereunder the aggregate liability shall not exceed thirty-five thousand dollars (\$35,000.00).

**IN WITNESS WHEREOF**, the undersigned has affixed its hand seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Type/Print name of Principal

\_\_\_\_\_  
Type/Print name of Surety

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Surety

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal Here

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**NOTE: Please attach to this bond a properly certified copy of the Surety Company’s Power of Attorney.**

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