



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

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**Viatical Settlement Provider Surety Bond**

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

KNOW ALL BY THESE PRESENTS that \_\_\_\_\_, doing business as \_\_\_\_\_, a registered viatical settlement provider in the State of West Virginia as Principal and \_\_\_\_\_, as Surety, are held and firmly bound unto the West Virginia Insurance Department, as obligee, for the use and benefit of the people of the State of West Virginia, in the full and just sum of \$250,000.00<sup>1</sup> for the payment of which sum, will and truly to be made, we hereby bind ourselves and each of our administrators, successors and assigns, jointly and severally, firmly by these presents.

The Principal intends to meet the license requirements of the West Virginia Insurance Department and has applied with the West Virginia Insurance Commissioner for registration as a viatical settlement provider, or has obtained registration, and is required by W. Va. Code §33-13C-3(4) to give this bond.

The bond of the above bonded Principal is conditioned upon full accounting and due payments to the person entitled thereto as of incident of viatical settlement provider transactions and funds brought into the viatical settlement provider's possession under the license.

In no event shall the aggregate liability of the Surety for any and all claims to one or more claimants exceed the bond penalty. The liability of the Principal shall in no way be limited merely by the Surety's satisfaction hereof.

This bond shall be effective upon execution and remain in continuous force and effect unless the license of the Principal is suspended, revoked or otherwise terminated or released by the Commissioner, or without prejudice to a liability previously incurred, the Surety may cancel this bond by giving thirty (30) days advance written notice to said Principal and the Commissioner.

SIGNED, SEALED AND DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
WVID Certificate of Authority No. of Surety

(Seal)

By: \_\_\_\_\_  
Printed Name of Attorney in Fact<sup>2</sup>

\_\_\_\_\_  
Signature of Attorney in Fact

<sup>1</sup> Pursuant to Article 33-13C-3(4), the amount must be not less than \$250,000.

<sup>2</sup> Please attach a copy of the Power of Attorney to this form.

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**Accredited by the National Association of Insurance Commissioners**