ESCROW BUSINESS BOND (MONTANA)

Principal (Licensee) ___________________________  Surety ___________________________
Licensee Address ___________________________  Home Office Address ___________________________
City                     State          Zip  City                   State            Zip

ADMINISTRATOR: Division of Banking and Financial Institutions, State of Montana

BOND NUMBER: __________________________________

THE ABOVE NAMED PRINCIPAL AND SURETY (WHO IS DULY QUALIFIED TO DO BUSINESS IN THE STATE OF MONTANA) ARE HEREBY BOUND IN THE PENAL SUM OF $100,000 FOR PAYMENT UNDER THE FOLLOWING TERMS AND CONDITIONS:

1. The above-named principal is licensed or has applied to the Department for a license to conduct escrow business pursuant to the Regulation of Escrow Businesses Act, Section 32-7-101, MCA.
2. The State of Montana or any person(s) suffering loss or damages shall have the right to bring an action on this bond against the principal or surety.
3. This bond is one continuing obligation and in no event shall the liability of the surety exceed the penal sum of $100,000 for the aggregate of any claims occurring during the term of this bond.
4. The surety shall have the right to terminate its obligation under this bond by filing written notice with the Department at least 30 days prior to the effective date of such termination. Obligations of the surety arising prior to the effective date shall not be affected by the termination.
5. In the event the surety under this bond makes full or partial payment on this bond, said surety shall immediately give written notice of such payment to the Montana Division of Banking and Financial Institutions.

This bond shall take effect on __________________________ and shall continue in force until it is terminated or cancelled.

EXECUTED ON this ________________ day of _______________________, 20____.

__________________________________________
Principal
BY _______________________________

NOTE: Persons executing for surety other than corporate officers must attach Power of Attorney

SURETY ________________________________________
BY ________________________________________
ADDRESS ________________________________________
PHONE # ________________________________________