

INSTRUCTIONS: Navigator entities are required to provide a Surety Bond in the format of the sample below. This is a special bond and is required for all licensed navigator entities or individual navigators not affiliated with an entity. The name of the administrator on the Bond must have the exact current name of the applicant. If the applicant changes its name, it needs to get an amended Bond to reflect the name change. You must provide the original of the Bond, not a copy.

(Sample)

Bond No. _____

**STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE
NAVIGATOR OR NAVIGATOR ENTITY BOND**

I/we _____ (name of administrator) _____ of the City of _____, County of _____, State of _____, a navigator or navigator entity, as principal, and _____ (name of surety) _____ an insurer authorized to transact surety business in Wisconsin, as surety, are held and firmly bound to the Wisconsin Commissioner of Insurance in the sum of \$100,000 for the payment of which I/we bind myself/ourselves, and my/our heirs, executors, administrators, successors, and assignees, jointly and severally. This bond is payable to any Wisconsin resident who is harmed by the wrongful acts, misrepresentation, errors, omissions, or negligence of a navigator or navigator entity by the principal and to any such plan on behalf of the Wisconsin residents who are plan beneficiaries in the event of injury caused by a failure of the principal to fulfill the conditions of this bond, but in no event shall the surety's aggregate obligation exceed \$100,000.

The principal is now, or is applying to become, licensed under s. 628.92 (1), Wis. Stat., or registered under s. 628.92 (2), Wis. Stat., and is obligated to faithfully perform the responsibilities specified under s. 628.92, Wis. Stat., and ch. Ins 6, subch. II, Wis. Adm. Code.

If the principal, while this bond is in force and effect, makes a full accounting and due payment to the persons entitled to the funds coming into its possession as an incident to navigator or navigator entity activities, and complies with all the provisions of s. 628.92, Wis. Stat., and any applicable administrative rules promulgated by the Wisconsin Commissioner of Insurance, then the obligation of the surety shall be null and void; otherwise the surety's obligation remains in full force and effect.

This bond is effective _____ (insert date) _____ and is continuous. It may be terminated by the surety, upon giving sixty (60) days' advance written notice of its intention to terminate to the Commissioner of Insurance, Madison, Wisconsin.

Dated at _____ (city) _____, _____ (state) _____, this _____ day of _____, 19 _____.

Surety

(Signature of Principal) - Last four digits of SSN

Signature of Company Officer

Signature of Attorney-in-Fact
