

Mail To:

Minnesota Attorney General's Office
 ATTN: Club Contracts Registration
 445 Minnesota Street, Suite 600
 St. Paul, MN 55101

STATE OF MINNESOTA**SURETY BOND OF HEALTH,
DATING, OR BUYING CLUB**

(Pursuant to Minn. Stat. §§ 325G.23-28)



Legal Name of Club: _____

Bonding Company: _____

Bond Number: _____

**SURETY BOND
OF HEALTH, DATING, OR BUYING CLUB**

We, _____ of _____,
 as Principal and _____ of _____,
 as Surety authorized to do business in the State of Minnesota, are held and firmly bound to the State of Minnesota solely for the benefit of any consumer who was damaged because of the closing or bankruptcy of the Principal in the amount of \$_____ for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

Signed, sealed and dated this _____ day of _____, _____.

Pursuant to Minnesota Statutes section 325G.27, it is agreed that:

- Any claim under this bond must be made with the surety within one year after the cancellation or expiration of this bond, whichever occurs first.
- In no event shall the liability of the surety under this bond for all claims exceed the penalty of this bond.
- This bond may not be construed to require the surety to be responsible for damages resulting from any breach of a principal's service agreement entered into after the expiration or revocation of this bond, provided that the surety gave at least thirty (30) days advance written notice to the Office of the Attorney General at Suite 600, 445 Minnesota Street, St. Paul, MN 55101, by certified mail of the cancellation or revocation of this bond.



SURETY BOND OF HEALTH, DATING, OR BUYING CLUB (Continued)

This bond shall be issued for the term _____, _____ to _____, _____.

BY _____

BY _____

_____, Attorney in Fact

Name of Agency: _____

Address: _____

Phone: _____

Submit Claims to: _____

INDIVIDUAL ACKNOWLEDGMENT

STATE OF MINNESOTA

COUNTY OF _____

On this _____ day of _____, _____, before me personally came
_____, to me known and known to me
to be the individual described in and who executed the foregoing instrument, and he/she acknowledged to me
that he/she executed the same.

(SEAL) _____

Notary Public



SURETY BOND OF HEALTH, DATING, OR BUYING CLUB (Continued)

CORPORATION ACKNOWLEDGMENT

STATE OF MINNESOTA

COUNTY OF _____

On this _____ day of _____, _____, before me personally came _____, to be known, who being by me duly sworn did depose and say that he/she is the _____ of _____, the corporation described in and which executed the foregoing instrument, that he/she knows the seal of said corporation described in and which executed the foregoing instrument.

(SEAL) _____

Notary Public



SURETY BOND OF HEALTH, DATING, OR BUYING CLUB (Continued)

ACKNOWLEDGMENT OF SURETY

STATE OF MINNESOTA

COUNTY OF _____

On this _____ day of _____, _____, before me, a notary public in and for said County, personally appeared _____, to me personally known and being by me duly sworn, did say that he/she is the Attorney in Fact of _____, a corporation of _____, created, organized and existing under and by virtue of the laws of the State of _____, that the said instrument was executed on behalf of the said corporation by authority of its Board of Directors and that the said _____ acknowledges said instrument to be the free act and deed of said corporation and that he/she has authority to sign said instrument without affixing the corporate seal of said corporation. IN WITNESS WHEROF, I have hereunto subscribed my name and affixed my official seal at _____, the day and year last above written.

(SEAL) _____

Notary Public