Government of the United States Virgin Islands
Office of the Commissioner of Insurance
Division of Banking, Insurance and Financial Regulation
#5049 Kongens Gade, Charlotte Amalie, St. Thomas, V.I. 00802
TEL-340-774-7166   FAX 340-774-5590

Please Print or Type

THIRD PARTY ADMINISTRATOR BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, as Principal, and

_____, as Surety, are held and firmly bound unto

the Commissioner of Insurance for the Virgin Islands and his successors in office, for the use and benefit of

the Territory of the Virgin Islands and the citizens thereof, in the sum of _____ dollars,

lawful money of the United States, for the payment of which well and truly to be made, we hereby bind

ourselves, our successors and assigns, jointly, severally and firmly by these presents.

WHEREAS the said Principal has applied to the Commissioner of Insurance of the Virgin Islands to

be licensed as a Third Party Administrator in the Territory of the Virgin Islands and is legally required to

give bond unto the Commissioner of Insurance for the Territory of the Virgin Islands to guarantee the

payment of all claims or other legal obligations which the Principal fails to pay, up to the amount of this

bond, which arise from the operations of the Principal in the Territory of the Virgin Islands.

NOW, THEREFORE, this bond will continue in full force and effect until terminated in the following

manner. This bond may be cancelled by the Insurance Commissioner for the Territory of the Virgin Islands

by written notice from the Insurance Commissioner to the Surety hereon, which notice shall specify the date

of termination of the bond.

Cancellation by the Surety Company will not be effective until 90 days following receipt of written

notice to the Insurance Commissioner and Principal.

IN WITNESS WHEREOF, the parties herein have caused this bond to be executed this ____ day of

_____, 20____.

_____
Principal

_____   By _____
Witness

_____

_____
Surety

_____   By _____
Witness

FOR OFFICE USE ONLY

Receipt Number: _____   Date: _____   Amount: $_____