BOND OF JOINT PUBLIC AGENCY SELF-FUNDED HEALTH CARE PLANS **Bond #_____**

KNOW ALL BY THESE PRESENTS THAT _____
_____of
_____, as Principal and
_____ of
_____ a surety organized and existing under the laws of the State of _____, and authorized to transact surety business in the State of Idaho, as Surety, are held and firmly bound unto the Director of the Department of Insurance, State of Idaho, as Obligee, for the benefit and protection of insureds, insurers and claimants whose monies the Joint Public Agency Self-Funded Health Care Plan handles, in the amount of _____ dollars ($_____), lawful money of the United States of America, for the payment of which sum, well and truly to be made, the Principal and Surety obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE OBLIGATION OF THIS BOND IS SUCH THAT, WHEREAS, the above bound Principal has made application to the Department of Insurance of the State of Idaho for registration to act as a Joint Public Agency Self-Funded Health Care Plan, in accordance with the provisions of Title 41, Section 4114, of the Idaho Insurance Code and is required by Title 41, Section 4114, of the Idaho Insurance Code to post bond to secure performance of the Joint Public Agency Self-Funded Health Care Plan in conformity with the insurance laws of the State of Idaho for the benefit of parties injured by the actions of the Joint Public Agency Self-Funded Health Care Plan, as allowed by law.

NOW, THEREFORE, if the said Department of Insurance shall grant the application and issue the registration above referred to and the said Principal shall faithfully and lawfully comply with all the requirements of the insurance laws of the State of Idaho, and any regulations promulgated thereunder, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

It IS FURTHER AGREED THAT the bond shall be continuous in nature and that in no event shall the Surety be obligated to an amount exceeding _____ dollars ($_____) bond penalty which is the maximum aggregate liability of the Surety regardless of the number of successive renewal periods the bond has been in effect or the number of claimants that might have a right of action against the bond.

PROVIDED, HOWEVER, that this bond and the obligation under this bond shall become effective_____
_____ 20_____ , and shall remain in full force and effect until or unless terminated by thirty (30) days' advance written notice of termination mailed to the Principal and the Director of the Department of Insurance, State of Idaho, by the Surety at which time the liability of the Surety on this bond shall cease upon the effective date of such termination. Such termination shall not affect any liability or obligation of the Surety incurred or accrued prior to the effective date of the termination.

IN WITNESS, WHEREOF, the said Principal and Surety have caused this bond to be executed at _____
_____ and signed and sealed this instrument this _____
day of _____, 20____.

WITNESS

_____
(as to Principal)

_____
PRINCIPAL

BY:_____

_____
(as to Surety)

_____
SURETY

BY:_____