

## MONEY LENDER BOND (SOUTH DAKOTA)

Company Name (Licensee)	Surety
Licensee Address	Surety Address
City	State
Zip	City
State	State
Zip	Zip

**ADMINISTRATOR: Division of Banking, State of South Dakota  
1601 N. Harrison Ave., Ste. 1, Pierre, SD 57501**

BOND NUMBER: \_\_\_\_\_

THE ABOVE NAMED LENDER AND SURETY (WHO IS DULY QUALIFIED TO DO BUSINESS IN THE STATE OF SOUTH DAKOTA) ARE HEREBY BOUND IN THE PENAL SUM OF \$ \_\_\_\_\_ FOR PAYMENT UNDER THE FOLLOWING TERMS AND CONDITIONS:

1. The above-named lender (the Principal) is licensed or has applied to the South Dakota Division of Banking (the Division) for a license to conduct business as a money lender pursuant to SDCL 54-4 et. seq.
2. The State of South Dakota or any person(s) suffering loss or damages shall have the right to bring an action on this bond against the Principal or the Surety.
3. This bond is one continuing obligation and in no event shall the liability of the Surety exceed the penal sum of \$ \_\_\_\_\_ for the aggregate of all claims occurring while this bond is in force.
4. This bond is conditioned on the Principal's compliance with all provisions of SDCL Chapter 54-4 and any rules adopted pursuant to that chapter and the payment of any amounts owed by the Principal to the State of South Dakota or another person.
5. The Surety shall have the right to terminate its obligation under this bond by filing written notice with the Division 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.
6. In the event the Surety makes full or partial payment on this bond, said Surety shall immediately give written notice of such payment to the Division.

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 # \_\_\_\_\_