



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Surety Bond

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed visit our website ProfessionalLicense.Alaska.Gov and click on your licensed profession.

Principal Name: (Applicant)					
DBA Name:					
Bond Number:		Effective Date:	mm/dd/yyyy	Expiration Date:	mm/dd/yyyy
Select your licensed profession and bond amount below.					
Licensed Profession		Bond Amount			
<input checked="" type="checkbox"/> General Contractor		TWENTY-FIVE THOUSAND DOLLARS (\$25,000)			
<input type="checkbox"/> General Contractor with Residential Endorsement		TWENTY THOUSAND DOLLARS (\$20,000)			
<input type="checkbox"/> Mechanical Contractor		TEN THOUSAND DOLLARS (\$10,000)			
<input type="checkbox"/> Specialty Contractor		TEN THOUSAND DOLLARS (\$10,000)			
<input type="checkbox"/> Home Inspector		TEN THOUSAND DOLLARS (\$10,000)			
<input type="checkbox"/> Collection Agency		FIVE THOUSAND DOLLARS (\$5,000)			
<input type="checkbox"/> Concert Promoter		FIVE THOUSAND DOLLARS (\$5,000)			
<input type="checkbox"/> Handyman		FIVE THOUSAND DOLLARS (\$5,000)			
<input type="checkbox"/> Hearing Aid Dealer		FIVE THOUSAND DOLLARS (\$5,000)			

KNOW ALL MEN BY THESE PRESENTS we, the above-named applicant, as principal, and the agency named below, as surety, are held firmly bound to the State of Alaska, in the sum of the amount marked above, lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH: Whereas, the above bound principal has applied to, or is about to obtain from, the State of Alaska for the licensed profession marked above pursuant to AS 08.18.011 and the acts amendatory thereof and supplemental there to:

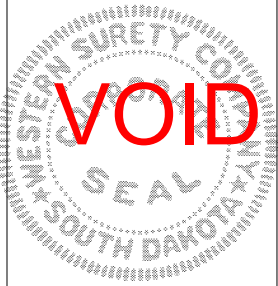

NOW THEREFORE, if the State of Alaska shall register the above bounden principal as the licensed professional marked above and principal shall faithfully and honestly act as the licensed professional marked above in accordance with law, and fully complies with the provisions of AS 08.18.071 of the State of Alaska and acts thereof and supplemental thereto, and if the principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have cause of action against the principal for any malfeasance or misfeasance in the conduct of the licensed professional marked above, then this obligation to be voided, otherwise to remain in full force and virtue.

LIABILITY UNDER THIS BOND commences on the date listed above and shall be continuous until the registration or license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development, State of Alaska (the Department) or until written notice from the Surety is received by the department provided the bond has been cancelled for lawful reasons. The bond shall apply to all liens and liabilities which arise during the effective period of the bond to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or liabilities are enforced after the effective period of the bond.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

I understand (check all):

- ☒ The bond is not valid until signed by both principal and surety;
- ☒ The Surety's Power of Attorney must be attached; and
- ☒ The Surety's Seal is required.

<div>Surety's Seal</div> 	Principal Signature: (Applicant)		Date Signed:	
	Surety Name:	WESTERN SURETY COMPANY		
	Surety Signature:		Date Signed:	
	Surety Address:	P.O. Box or Street City State Zip P.O. Box 5077, Sioux Falls, SD 57117-5077		
	Attorney-in-Fact:	Larry Kasten, Vice President	Agency Name:	
	Agency Address:	P.O. Box or Street City State Zip		