Please - Do Not Staple

Chapter 202, Wis. Stats. Subchapter II

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## STATE OF WISCONSIN Department of Financial Institutions



WEBSITE: DFI.WI.GOV PROFESSIONAL FUNDRAISER BOND (Non-Custodial) Division of Corporate and Consumer Services, Charities Section

Mailing Address: PO Box 7879 Madison, WI 53707-7879

Courier Address: 4822 Madison Yards Way North Tower Madison, WI 53705

BOND NO.		

	SURETY BOND is given bye of Professional FundRaiser)	, as Principal, and
`	utions ("Department") under the following terms	as Surety, to the Wisconsin Department of Financial
mstree	ations ( Department ) under the following terms	und conditions.
1.	Principal and Surety are hereby bound under the	his surety bond in the penal sum of Five Thousand Dollars (\$5,000).
2. effect	This surety bond shall become effectiveuntil such time as the same is canceled as provide	, and shall continue in full force and led herein.

- 3. The Principal, and all individuals representing the Principal, shall strictly comply with the provisions of subch. II, Ch. 202, Wis. Stats., as it now exists or is later amended, and any order or rule issued or promulgated thereunder. This surety bond shall cover any and all amounts that the Principal may owe to the Department or any person(s) who may have a cause of action against the Principal for any liabilities resulting from Principal's conduct of any activities as a professional fundraiser or arising out of a violation of subch. II, Ch. 202, Wis. Stats., as it now exists or is later amended, and any order or rule issued or promulgated thereunder.
- 4. In no event shall the aggregate liability of the Surety for any and all claims to one or more claimants hereunder exceed the penal sum of the surety bond.
- 5. Surety may cancel this surety bond by giving written notice via certified mail to the Department that the liability of the Surety for any future act or omission of the Principal shall cease at the expiration of no less than sixty (60) days after the notice is received by the Department, the said Surety remaining liable for two (2) years for any and all acts of commission or omission covered by this surety bond that occurred or may have occurred up to and including said cancellation date.
- 6. Any and all claimants shall give written notice of their claims to Surety within two (2) years from the effective date of the surety bond's cancellation.
- 7. Within ten (10) days after the receipt of any claim arising under this surety bond, the Surety shall mail, via certified mail, to the Department, a statement which includes the name and address of the claimant and the amount of the claim.
- 8. That within six (6) months after the receipt of any claim arising under this surety bond, the Surety shall deny liability on the claim, unless said claim has been paid in full or settled.
- 9. Whenever a claim is paid or denied under this surety bond, the Surety shall, within five (5) days of such payment or denial, give written notice of the payment or denial to the Department via certified mail.

		IN WITNESS WHEREOF, we have hereunto set our hands and seals on the day above written.		
Signed in the presence of:		(Print name of professional fundr	aiser)	
(Witness to Principal signature)	Ву	: (Owner, partner or officer)	(Seal)	
		(Surety)		
(Witness of Surety signature)	-	(Attorney-In-Fact)	(Seal)	
PLEASE  1. A Power of Attorney/Certificate of Au  2. The name and address of the claims ag	ent with whom claims against thi	INFORMATION: ned to the bond.		
(Name)	(Mailing Address)			
This form is required under Section 202.12, Wisc application. Personally identifiable information of enforcement agencies. Failure to complete this a penalties as provided by law.	on this form may be matched against tax	x information, outstanding child and fami	ily support data and la	
This document can be made available in alternate	e formats upon request to qualifying ind	ividuals with disabilities.		