

Please - Do Not Staple

Chapter 202, Wis. Stats.  
Subchapter II

STATE OF WISCONSIN  
Department of Financial Institutions

Division of Corporate and  
Consumer Services,  
Charities Section

**E-Mail:**  
DFICharitableOrgs@dfi.wisconsin.gov



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

**Telephone:** (608) 267-1711

**WEBSITE: DFI.WI.GOV**  
**PROFESSIONAL FUNDRAISER**  
**BOND**  
**(Custodial)**

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

**Fax:** (608) 267-6813

BOND NO. \_\_\_\_\_

THIS SURETY BOND is given by \_\_\_\_\_, as Principal, and  
(Name of Professional Fundraiser)  
\_\_\_\_\_ as Surety, to the Wisconsin Department of Financial  
Institutions ("Department") under the following terms and conditions.

1. Principal and Surety are hereby bound under this surety bond in the penal sum of Twenty Thousand Dollars (\$20,000).
2. This surety bond shall become effective \_\_\_\_\_, and shall continue in full force and effect until such time as the same is canceled as provided 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 fundraiser)

\_\_\_\_\_  
(Witness to Principal signature)

By: \_\_\_\_\_(Seal)  
(Owner, partner or officer)

\_\_\_\_\_  
(Surety)

\_\_\_\_\_  
(Witness of Surety signature)

\_\_\_\_\_(Seal)  
(Attorney-In-Fact)

**IMPORTANT NOTE TO BONDING COMPANY**  
PLEASE FURNISH THE FOLLOWING INFORMATION:

1. A Power of Attorney/Certificate of Authority or Attorney-in-Fact, attached to the bond.
2. The name and address of the claims agent with whom claims against this bond are to be filed:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Mailing Address)

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.