

Form U-SB

Uniform Surety Bond Form

State/Commonwealth/Territory of

Name of Agency

Address of Agency

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

That,

Name and address of broker-dealer or investment adviser

as Principal, having filed with the office of the

Name of agency requiring bond

on or about the _____ day of _____, 20____, an application to transact
business in this State/Commonwealth/Territory as a

and

Designate whether principal is B/D or I/A

_____ as Surety, a corporation organized

Name and address of Surety

under the laws of the State/Commonwealth/Territory of _____ and being
duly authorized to transact the business of indemnity and suretyship in this
State/Commonwealth/Territory, do hereby acknowledge our indebtedness to the
State/Commonwealth/ Territory of _____ for the use and benefit of any
person(s) having a claim under the conditions of this obligation, in the sum of _____,
Dollars (\$____), as required by _____ provided, however, that the

Statute Requiring Bond

aggregate liability hereunder shall not exceed the sum of _____ Dollars,

(\$ _____) regardless of the number of claimants, and shall not be construed as individual liability.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration/Licensing of the Principal to transact business in this State/Commonwealth/Territory as a _____
Designate whether principal is a broker-dealer or investment adviser and
2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, the applicable securities statutes of the particular state, commonwealth or territory in which such Principal is registered.

THIS Bond shall expire at such time as the Principal's registration is withdrawn, terminates through non-renewal or issue revoked by the

Name of Agency

except as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon _____ days written notice by registered mail to the Principal and to the _____ in which case

this Bond shall
Name of Agency

be considered canceled upon the expiration of _____ said days period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within _____ years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this the ____ day of _____, 20 _____.

PRINCIPAL

BY

(corporate seal, if applicable)

SURETY

BY

Counter Signature of

Agent of Surety resident

ACKNOWLEDGMENT OF INDIVIDUAL

NOTARY PUBLIC,

COUNTY,

MY COMMISSION EXPIRES

NOTE: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact."