

THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Roger A. Sevigny  
Commissioner



Thomas S. Burke  
Director of Examinations

**NEW HAMPSHIRE  
MULTIPLE-EMPLOYER WELFARE ARRANGEMENT BOND**

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

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_, as Principal, and  
\_\_\_\_\_, as Surety, are held and  
firmly bound unto, \_\_\_\_\_ Commissioner of Insurance for the State of  
New Hampshire and his successors in office, for the use and benefit of the State of New Hampshire and the  
citizens thereof, in the sum of \_\_\_\_\_ dollars, lawful money of the United  
States, for the payment of which well and truly to be made, we hereby bind ourselves, our successors and  
assigns, jointly, severally and firmly by these presents.

WHEREAS the said Principal has applied to the Commissioner of Insurance of the State of New  
Hampshire to be approved as a Multiple-Employer Welfare Arrangement in the State of New Hampshire as  
prescribed in New Hampshire Revised Statutes Annotated RSA 415-E and is required by RSA 415-E:7 II of the  
New Hampshire Insurance Department to give bond unto the Commissioner of Insurance for the State of New  
Hampshire to guarantee the payment of all claims or other legal obligations which the Principal fails to pay, up  
to the amount of this bond, which arise from the operations of the Principal in the State of New Hampshire.

NOW, THEREFORE, this bond will continue in full force and effect until terminated in the following  
manner. This bond may be cancelled by the Insurance Commissioner for the State of New Hampshire by  
written notice from the Insurance Commissioner to the Surety hereon, which notice shall specify the date of  
termination of the bond.

Cancellation by the Surety Company will not be effective until 60 days following receipt of written  
notice to the Insurance Commissioner and Principal.

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IN WITNESS WHEREOF, the parties herein have caused this bond to be executed this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Witness

By \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Witness

By \_\_\_\_\_