

SURETY BOND FORM

	KNOW ALL PERSONS BY THESE PRESENTS, that	we	a/an
		(Name of	agency)
	with business locations at		
(Individua	al, Partnership, etc)		
	, as principal (the "Principal")	and	
(City, Sta	te & Zip)		
	, as surety (the "Surety"), are held ar	nd bound ont	o Screen Actors Guild-American Federation of Television and Radio
			payment whereof we bind ourselves, our heirs, executors,
	ators and assigns, firmly by these presents.		
	, , , ,	e Principal a	franchise to engage in business as a SAG-AFTRA franchised talent
agency, u	ipon receipt by SAG-AFTRA of satisfactory evidenc		
- 55,		-	ith SAG-AFTRA's Regulations Governing Agents under Rule 16(g)
	ule 12C, respectively ("Agency Regulations") and a	II of the laws	and regulations governing the acts of talent agencies in the State of Principal and Surety to this bond shall be subject to suit and or
			inquires or loss or damage, including reasonable costs and attorney's
•	· ·		purpose of indemnifying any persons injured or damaged or who may
surier ios			yees and their respective heirs, executors, administrators and assigns.
			orce or the number of premiums paid, and regardless of the number
or amour		_	y of the surety bond exceed the penal sum of the bond.
			in in full force and effect throughout the term that the talent agent
			manner herein provided. Any modification in the obligations of the
•		out the conse	ent or knowledge of the Surety and without in any way releasing the
Surety fro	om liability under this bond.		
			(30) days written notice by registered mail to SAG-AFTRA. The
		this bond con	nmitted prior to the expiration of such thirty (30) day period, together
with the	interest due thereon.		
	If any of the provisions of this bond are held to	be illegal or ι	unenforceable by a court of competent jurisdiction, all other provisions
shall rem	ain effective. The effective date of this bond is: _		·
Signed, s	ealed and dated this day of, 20_		
Witness:			
BY:		BY:	
	(Witness to Principal Signature)		(Signature must agree with owner signature on application)
Surety:			
	(Surety Company)		
BY:		BY:	
	(Agent of Surety Company)		(Attorney in Fact)
	INFORMATION NEEDE	D FROM THE	INSURING AGENCY (please type):
NAME O	F SURETY:		
ADDRESS			
		— horocians d	
reiepnon	e Number: Bond Num	iber assigned:	