

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
(Attorney-In-Fact)

who, being duly sworn, deposes and says that he/she is a duly authorized insurance agent, properly licensed under the laws
of the State of _____, to represent _____
(If applicable, otherwise N/A) (Surety Co.)
of _____ a company authorized to make surety bonds under the laws of the
State of Florida. (City and State)

_____ further certifies that as Attorney-in-Fact
(Attorney-In Fact for Surety Co.)
for the said _____ has signed the attached bond in the sum of
\$ _____ on behalf of _____
(Surety Co.) (Contractor)
covering Financial Project No.(s) _____ ;

Contract No.(s) _____ ; in _____ County(ies), Florida.

Said _____ further certifies that the premium on the
said bond is _____, which will be paid in full direct to him/her as
Attorney-in-Fact, and included in his/her regular accounts to the said _____
(Surety)
and that he/she will receive a regular commission of _____ per cent as
Attorney-in-Fact for the execution of said bond and that the commission will not be divided with anyone except as follows:

_____ per cent to _____,
(If applicable, otherwise N/A) (N/A, if not applicable)
who is a duly authorized Florida Licensed Insurance Agent properly licensed under the laws of the State of Florida.

ACKNOWLEDGMENT FOR ATTORNEY-IN-FACT

Agent or Attorney-in-Fact

Sworn to and subscribed before me this _____ day of _____, _____ by
_____. He/She is personally known to me or has produced
(name of affiant)
_____ as identification.
(type of identification)

(Notary Signature) (Notary's printed name) My commission expires
Notary Public State of _____

COUNTERSIGNED (If applicable):

Florida Licensed Insurance Agent