#### **INSTRUCTIONS FOR FILING:**

- 1. Complete **all** sections of form as required.
- <u>Both</u> applicant <u>and</u> surety must complete and <u>notarize</u> page 2.
- 3. Failure to submit a completed form will delay processing of your license.
- 4. Attach Power of Attorney if applicable.

# STATE OF HAWAII CEMETERIES AND FUNERAL TRUSTS

Department of Commerce & Consumer Affairs P. O. Box 3469, Honolulu, Hawaii 96801 Access this form via website at: hawaii.gov/dcca/pvl

## **BOND**

# PRE-NEED FUNERAL AUTHORITY

|  | Bond No   |  |
|--|---|--|
|  |   |  |
|  |   |  |
| KNOW ALL MEN BY THESE PRESENTS:              |   |  |
| THAT WE,                                     | ,   |  |
|  | (Name of Applicant)   |  |
| State of Hawaii, as Principal, and           | registered and  |  |
|  | (Name of Surety)  |  |
| authorized to do business in the State of    | Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, as Obligee,      |  |
| n the penal sum of \$                        | lawful money of the United States of America, for the payment of which to               |  |
| the Obligee, well and truly to be made, we   | do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, |  |
| ointly and severally, firmly by these preser | its.  |  |
|  |   |  |

### THE CONDITIONS OF THIS OBLIGATION ARE AS FOLLOWS:

That, whereas, the above Principal is to be issued a license under the provisions of Chapter 441, Hawaii Revised Statutes, to act as a Pre-need Funeral Authority as defined therein in the State of Hawaii;

NOW, THEREFORE, if the Principal, in the event license is issued to him, will faithfully, promptly, and truly account and pay over to all persons to or for whom he may sell, or otherwise deal in pre-need funeral services all sums of money that may properly be due them, then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in Section 441-22, Hawaii Revised Statutes, every person sustaining any damage resulting from a failure on the part of the Principal to faithfully, promptly and truly account and pay over to him all sums that may properly be due him by reason of the Principal's selling or otherwise dealing with such person's pre-need funeral services shall have a right of action to recover on this bond, but the aggregate liability of the Surety to all such persons shall in no event exceed the amount of this bond.

AND, the Surety, herein named, may cancel or terminate this bond by delivering notice to the Director of Commerce and Consumer Affairs of the State of Hawaii sixty (60) days prior to the date of termination or cancellation.

(CONTINUED ON PAGE 2)

| Print Name of Applicant: _       |                                   |   |     |
|----------------------------------|-----------------------------------|---|-----|
| IN WITNESS WHERE                 | OF, we the said Principal and the | said Surety, have hereunto set our hands and seals this | day |
| of                               | A.D. 20                           |   |     |
|                                  |                                   | _   |     |
| Subscribed and sworn to before r |                                   | PRINCIPAL:  |     |
|                                  | A.D. 20                           | . Ву:   |     |
| 1                                |                                   | - lts   |     |
|                                  |                                   | -   |     |
|                                  |                                   |   |     |
| Print Name:                      |                                   | _   |     |
| Doc. Date:                       | No. of Pages:                     | ]   |     |
| Notary Name:                     | Circuit Court:                    | _   |     |
| Doc. Description:                |                                   | -   |     |
| Notary Sianature:                |                                   | -   |     |
|                                  |                                   |   |     |
|                                  |                                   | =1  |     |
| Subscribed and sworn to before r | me this                           | CLIDETV   |     |
| day of                           | A.D. 20                           | SURETY:   |     |
| Notary Signature:                |                                   | By:   |     |
|                                  |                                   |   |     |
|                                  |                                   |   |     |
|                                  |                                   |   |     |
| Doc. Date:                       | No. of Pages:                     | ]   |     |
| Notary Name:                     | Circuit Court:                    | _   |     |
| Doc. Description:                |                                   | -   |     |
| Notary Signature:                |                                   | -   |     |
| Date:                            |                                   | -   |     |
| =                                |                                   | _1  |     |

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.