



**COMMERCIAL BLANKET BOND APPLICATION
FOR GAME AND FISH VENDORS
PUBLIC EMPLOYEES AND/OR PUBLIC OFFICIALS
NORTH DAKOTA INSURANCE DEPARTMENT
STATE BONDING FUND
SFN 58566 (7-2019)**

For Bonding Fund Use Only:
Bond Number: _____

N.D.C.C. 26.1-21

Name of Obligee (Insured)		Effective Date	
Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	

Limits of Liability:

Commercial Blanket Bond Coverage \$15,000
Fees are \$10.00 per vendor.

List each vendor and address:

Name of Vender	Address

For Bonding Fund Use Only:

The liability of the Obligee is subject to the terms of the following riders attached hereto:

Bond Period: From the beginning of the _____ day of _____, 20____, to 12 o'clock night on the effective date of the cancelation or termination of this bond as an entirety.

Dated this _____ day of _____, 20 ____ .

Signature	Title
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Return the completed form to: North Dakota Insurance Reserve Fund
Bonding Fund
PO Box 2258
Bismarck, ND 58502

Telephone: 701-224-1988
Toll Free: 800-421-1988
Scan and Email to: BondingFund@NDIRF.com