

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

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OCRP-105 Revised 10/12

PROFESSIONAL SOLICITOR'S BOND

STATE OF _____ BOND NUMBER _____

COUNTY/CITY OF _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____
(Name of Professional Solicitor)

of _____
(Address of Professional Solicitor)

hereinafter called the Principal, and _____
(Name of Surety Company)

of _____
(Address of Surety Company)

hereinafter called the Surety, or Sureties, are held and firmly bound unto the Commonwealth of Virginia, in the sum of **Twenty Thousand Dollars (\$20,000)** for the payment thereof, the Principal and Sureties bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly to this bond and the obligations agreed to herein by these presents.

WHEREAS, the Principal proposes to commence and engage within the Commonwealth of Virginia in the activities of a professional solicitor as those terms are defined in §57-48 of the Code of Virginia (1950), as amended.

NOW, THEREFORE, this bond shall be for the purpose of reimbursing the Commonwealth of Virginia and the citizens thereof for any penalties or losses resulting from malfeasance, nonfeasance, or misfeasance in the conduct of charitable solicitation activities by the principal and his agents, servants or employees.

This bond shall become effective on the _____ day of _____, 20____, and shall remain in effect until such time as the surety withdraws the bond, giving thirty (30) days' written notification to the Commissioner of the Virginia Department of Agriculture and Consumer Services of such withdrawal. Failure to give such prior written notification shall result in the continuation of this bond's effectiveness. Withdrawal shall not release the surety from any liability for malfeasance, nonfeasance, or misfeasance that occurred prior to the effective date of withdrawal. Withdrawal shall not release the principal whatsoever.

Signed and sealed this ____ day of _____, 20__ in the presence of:

Signature of Principal

as to _____ (Seal)
Printed name & title of Principal

Signature of Principal

as to _____ (Seal)
Printed name & title of Principal

Signature of Principal

as to _____ (Seal)
Printed name & title of Principal

Signature of Attorney-in-Fact

as to _____ (Seal)
Printed name & title of Attorney-in-Fact

**Commissioner of the Virginia Department of Agriculture and Consumer Services
P.O. Box 1163
Richmond, VA 23218**