MARYLAND INSURANCE ADMINISTRATION TITLE LETTER OF CREDIT

BENEFICIARY:	
MARYLAND INSURANCE ADMINISTRATION	PRODUCER: (NAME)
	ADDRESS:
IRREVOCABLE LETTER of CREDIT NUMBER:	
AMOUNT: \$ _	
ISSUE DATE:	
EXPIRATION	:
Gentlemen: We hereby establish our Irrevocable Letter of Credit N	umber
in your favor for the account of	of your draft(s) at sight drawn on the
(bank name) located accompanied by:	at, and
 that (producer name)	caused any person to suffer a loss covered by the entitles the State of Maryland, Maryland Letter of Credit Number t: ccordance with the terms of this Letter of Credit shall be
Draft(s) must be marked "Drawn on" (bank name)	
Irrevocable Letter of Credit Number	
It is a condition of the Letter of Credit that it shall be do one (1) year from the present or any future expiration d you are notified by certified mail that we elect not to co additional period.	late unless thirty (30) days prior to such expiration date
Except as expressly stated herein, this undertaking is no obligation of (bank name)	ot subject to any condition or qualification. The under this Letter of Credit shall be in no way contingent upon
reimbursement with respect thereto.	
Except so far as otherwise stated, this Irrevocable Lette Practice for Documentary Credit" (1983 Revision), Inte 400.	
	By:

(Bank Name)

(Authorized Signature) (Title)