

# Company Name Probate Bond Application

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



**Company Name**  
Company Address  
City, State, Zip  
Tel. (555) 555-5555  
Fax (555) 555-5555  
www.domain.com

\* Denotes Required Field

## Applicant Information

\*Name:

\*Social Security Number:

*Ex. 111-22-3333*

Age:

Marital Status:

\*Residence Address:

\*City:

\*State:

\*Zip Code:

Business Address:

City:

State:

Zip Code:

\*Home Phone:

Business Phone:

*Ex: 920-111-2222*

\*E-Mail Address:

\*Confirm E-Mail Address:

## Business Information

Occupation or Business:

How Long?:

Previous Surety?:

*If "Yes," please give name and  
reason for change:*

Type of Bond:

Amount of Bond: \$

Effective Date:

*Ex. 01/12/2007*

Full Name of Obligee:

Obligee Address:

City:

State:

Zip Code:

## Financial Information

FINANCIAL STATEMENT as of

*Ex. 01/15/2007*

Statement Type:

**ASSETS**

Cash (*list banks below*): \$

Stocks & Bonds (*describe below*): \$

Notes Receivable: \$

Merchandise/Material in Stock: \$

Accounts Receivable: \$

Real Estate, Homestead A: \$

Real Estate, Homestead B: \$

Furniture & Fixtures: \$

Other Assets: \$

**TOTAL ASSETS: \$**

**LIABILITIES**

Accounts Payable: \$

Taxes Due & Accrued: \$

Notes Payable to Bank: \$

Notes Payable to Others: \$

Mortgage on Real Estate A: \$

Mortgage on Real Estate B: \$

Other Liabilities (*describe below*): \$

**TOTAL LIABILITIES: \$**

Capital Stock (*Paid In*): \$

**NET WORTH OR SURPLUS: \$**

**TOTAL LIABILITIES/NET WORTH: \$**

**Sales / Income****GROSS SALES**

Two Years Ago: \$

Last Year: \$

**NET INCOME**

Two Years Ago: \$

Last Year: \$

**INDEMNITY****Probate Bond Information**

Name of Deceased (Ward):

Date of Death:

*Ex. 01/15/2007*

Date of Appointment:

*Ex. 01/15/2007*

*If over 6 months, please explain delay:*

Is applicant indebted to the estate or trust?:

*If "Yes," please explain:*

Attorney Name:

Address:

City:

State:

Zip Code:

Will the attorney remain involved throughout the duration of this estate?:

*\*If there is no attorney, do not write the bond; submit to our underwriters\**

Describe the assets of the estate or trust:

Name, age, and health status of:

Minors

Incompetent

Applicant's relationship to:

Deceased

Ward(s)

Applicant's Net Worth: \$

Are guardianship funds to be used for support of ward?:

If "Yes," approximately how much per month?: \$

What is the source of the guardianship funds?:

*\*If an insurance settlement, do not write the bond; submit to our underwriters\**

Who are the heirs of this estate?:

Has anyone objected to the applicant's appointment as fiduciary?:

Will any going business (excluding farms) of the estate be continued by the fiduciary?:

*If "Yes," please send a copy of the court order*

Is this bond required on the demand of an interested person?:

*If "Yes," who is the interested person?:*

Court Name:

Address:

City:

State:

Zip Code:

What is the applicant's experience in handling fiduciary responsibilities?:

### Additional Comments

*Please provide any additional comments that you feel would be appropriate for this bond application. If you have additional information to provide, where there were not enough fields above, please enter it here:*

### \*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

**\*Enter Your Initials Here:**

**\*Today's Date:**

*EX: 01/12/2007*

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