

## Instruction Sheet

### Probate Bond Application

This instruction sheet is designed to assist you in sending a complete underwriting submission to your underwriter at our surety market(s) to review your information. A complete underwriting submission will avoid a delay in reviewing and processing the application and submission due to incomplete or missing underwriting information.

Please complete the **Applicant Information** section and the section of the application that applies to the submission:

#### ► ***Probate Bond Application***

Please answer each question and provide complete details to any underwriting question answered with a “yes” answer.

A complete copy of all court documents and the bond form the Court will require that we use (if any) should be submitted with the application.

The Indemnity Agreement is contained on page two of the application. Please carefully review the application to make certain the applicant(s) has:

- ☐ ***Dated the application.***
- ☐ ***Signed the application and listed their social security number or FEIN number.***
- ☐ ***Obtained a witness of their signature.***

**Note:** *The witness should be an independent party and not a spouse or other family member.*

If the applicant(s) is a business entity, the application must be signed by the President or other authorized officer and properly witnessed or attested.

The personal indemnity of the owner(s) of the business entity may be required. If required, the personal indemnitor(s) should sign as an applicant-indemnitor, list their social security number and obtain a witness of their signature. The witness should be an independent party and not a spouse, other family member or another applicant-indemnitor.

Please contact your underwriter if you have any questions prior to sending the application and submission for underwriting review.

**(Please complete the section that applies)**

Applicant(s) Name in Full		Social Security #	FEIN #
Applicant(s) Address		Has Applicant(s) Ever Filed for Bankruptcy? <input type="checkbox"/> YES – Explain <input type="checkbox"/> NO	
Applicant(s) Preferred Telephone Number	Applicant(s) EMAIL Address		
Home	Cell		

Applicant(s) Current or Prior Occupation	Relationship of Applicant(s) to Deceased, Ward or Minor
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Attorney Name and Firm Name

Attorney Address	Attorney Telephone Number	Attorney EMAIL Address
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Court and County Where Bond will be Filed	Docket Number	Effective Date	Bond Amount \$
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Name of Deceased, Ward or Title of Case	Which is Applicable: <input type="checkbox"/> Date of Death	Date
	<input type="checkbox"/> Date of Birth of Ward	Date

Number of Heirs	Estate Assets Breakdown Cash, Stocks, Personal Property \$	Estate Assets Breakdown Real Estate \$	Estate Liabilities Breakdown (Mortgage, Credit Card, etc.) \$
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Bond Type: ☐ Temporary ☐ Permanent ☐ Successor ☐ Additional ☐ Co\_\_\_\_\_

☐ Administrator ☐ Executor ☐ Guardian \_\_\_\_\_ Minor \_\_\_\_\_ Adult ☐ Trustee ☐ Conservator- Adult ☐ Sale of Real Estate ☐ Other

Reason for the Guardianship or Conservatorship?

**\*\*\*\* Please provide a complete copy of all court documents and details regarding any "yes" answer \*\*\*\***

\*Has any applicant(s) ever been convicted of a felony or crime involving dishonesty, including theft or fraud? ☐ yes ☐ no

\*Is the applicant(s) a Non-U.S. Citizen? ☐ yes ☐ no

\*Has any applicant(s) ever had a bond claim filed or paid against them? ☐ yes ☐ no

\*Does any applicant(s) have any suits, liens or judgments filed against them? ☐ yes ☐ no

\*Has the requested bond been declined by another Surety Company? ☐ yes ☐ no

\*Is the estate involved or potentially involved in any litigation? ☐ yes ☐ no

\*Has any applicant(s) had prior custody of assets? (check all that apply)

☐ no    ☐ yes, jointly held assets    ☐ yes, to handle sale of real estate

☐ yes, to handle daily financial matters    ☐ yes, durable power of attorney    ☐ yes, to help with daily financial matters

\*Is a going business in the estate? ☐ yes ☐ no

\*Is any applicant(s) indebted to the estate? ☐ yes ☐ no

\*Does the estate include debts owed to the applicant(s)? ☐ yes ☐ no

\*Is any applicant(s) a successor fiduciary? ☐ yes ☐ no

\*Is there any dissention among the heirs or beneficiaries? ☐ yes ☐ no

\*Is the bond required due to the demand of an heir or creditor? ☐ yes ☐ no

\*Is there a will or trust? ☐ yes ☐ no If yes, please provide a copy.

\*Will the attorney remain involved in the estate until the bond is discharged by the court? ☐ yes ☐ no

\*Will the court require an annual accounting? ☐ yes ☐ no      Will the court require a bi-annual accounting? ☐ yes ☐ no

\*Do you understand the bond will remain in effect and a renewal premium will be due until the bond is properly discharged by the court? ☐ yes ☐ no

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON CRIMINAL AND CIVIL PENALTIES."

① Signed, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Applicant-Indemnitor  
② \_\_\_\_\_ ③  
Witness \_\_\_\_\_ Indemnitor – Include Social Security #/Tax I.D. # ( \_\_\_\_\_ )

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**Indemnity Must Be: ① Dated ② Witnessed ③ Signed by Applicant / Indemnitors**

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