

# SURETY BOND APPLICATION



- Section  
 Public Official ..... 1  
 Fidelity ..... 2  
 Probate ..... 3  
 Referee, Receiver, etc. .... 4  
 Court ..... 5  
 License ..... 6  
 Lost Securities ..... 7

- Individual   
 Partnership   
 Corporation   
 Limited Liability Company   
 Limited Liability Partnership

Applicant Name (Exactly as shown on License or Bond) Please print or type				Social Security #	Date of Birth	Married <input type="checkbox"/>	Single <input type="checkbox"/>
Residence Address (Street and Number)	(City)	(State)	(Zip)	(Telephone #)	(Fax #)	(Email Address)	
Business Address (Street and Number)	(City)	(State)	(Zip)	(Telephone #)	(Fax #)	(Email Address)	
Occupation or Business	How long so engaged?	Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.					
Type of Bond	Amount of Bond		Effective Date				
Complete Name and Address of Obligee							

**FINANCIAL STATEMENT** as of \_\_\_\_\_

Check applicable section on the reverse side to see whether a financial statement is necessary.

Check one:  Business Financial Statement     Personal Financial Statement

ASSETS	LIABILITIES
Cash (List Banks) _____	Accounts Payable _____
Stocks + Bonds — Describe _____	Taxes due & accrued _____
Notes Receivable — Describe _____	Notes Payable to Bank _____
Merchandise or Material in Stock _____	Notes Payable to Others (Describe) _____
Accounts Receivable _____	Mortgage on Real Estate _____ A
Real Estate, Homestead _____ A	Mortgage on Real Estate _____ B
Real Estate, Investment _____ B	Other Liabilities — Describe _____
Furniture and Fixtures _____	<b>TOTAL LIABILITIES</b> _____
Other Assets - Describe _____	Capital Stock (Paid in) _____
<b>TOTAL ASSETS</b> _____	<b>NET WORTH OR SURPLUS</b> _____
	<b>TOTAL Liabilities and Net Worth</b> _____

Gross Sales - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_ Last Year \_\_\_\_\_

For Financial Statement information (personal or business), please be as accurate as possible.

An example of a Personal Asset would be the current value of home, less the remaining mortgage amount or liability.

Signing Below: For a Personal Policy sign under signatory. For a Business, sign both as the indemnitor and the signature section "With" your Business Title.



\_\_\_\_\_

\_\_\_\_\_

Signature & Business/Corporate Title

\_\_\_\_\_

"Indemnitor"

\_\_\_\_\_

"Indemnitor"

\_\_\_\_\_

"Indemnitor"

Note: Personal indemnitors should print and sign their names before the word "indemnitor" in their own handwriting, e.g. John Doe *John Doe* "Indemnitor"

**INTERNAL CONTROL DATA**

COMPLETE FOR ALL FIDELITY SUBMISSIONS OR FOR PUBLIC OFFICIAL OVER \$150,000.

**PUBLIC OFFICIAL BOND**

NO FINANCIAL STATEMENT NECESSARY. APPLICANT SIGN APPLICATION OVER \$100,000, INTERNAL CONTROL DATA SECTION OVER \$150,000.

Will Applicant Sign Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is countersignature required? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?	Regular Audits? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?
Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant's Net Worth \$	Ever Discharged From any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?

Net Worth: \$	Elected <input type="checkbox"/> Appointed <input type="checkbox"/>	Date:	Term of Office:	Premium will be paid: <input type="checkbox"/> Annually? <input type="checkbox"/> for term?
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Title of Position	Main Sources of Organization's Funding
Purpose or Function of Organization	

Name of deceased (Ward)	Date of death	Date of appointment (If over 6 months, please explain delay.)	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet.)
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Has applicant had prior possession of estate assets  Yes  No If yes, please explain. (i.e. Power of Attorney, bank accounts, etc.)?

Name and address of attorney (If none, do not write the bond; submit it to our underwriters.)	Telephone #
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Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assets of estate or trust (describe)
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Name, age, and health status of <input type="checkbox"/> minor(s) <input type="checkbox"/> incompetent	Applicant's relationship to <input type="checkbox"/> deceased <input type="checkbox"/> ward(s)	Applicant's net worth: \$
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Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximately how much per month? _____ (Please send copy of court order authorizing monthly expenditures.)	What is the source of the guardianship funds? (If an insurance settlement, do not execute the bond; instead refer it to an underwriter.)
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Who are the heirs of this estate?	Has anyone objected to the applicant's appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will any going business of the estate be continued or operated by fiduciary? (If yes, send a copy of court order.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?
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Name and address of court:

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

REFEREE'S  
 RECEIVER'S  
 TRUSTEE'S BOND

NO FINANCIAL STATEMENT NECESSARY. HAVE APPLICANT SIGN THIS APPLICATION.

Plaintiff	Name and address of applicant's attorney
Defendant	Name and location of Court
	Applicant's net worth: \$

Name and location of Court	Name of Defendant
Name and address of attorney	If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, submit for underwriting.
Explain purpose of bond (submit copy of relevant documents)	

Net worth: \$	General liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)	State license number assigned to applicant, if applicable: #
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Serial Number and description (Please submit a copy or sample of the form it was on.)	Date of instrument	Payable to applicant only? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who is it payable to?
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Are securities endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe manner of loss	Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No When? To Whom?
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If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgment obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Make	Vehicle Model	Vehicle Year	Vehicle VIN
Is there a lien or lien holder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list and explain.			

**CERTIFICATE OF TITLE BOND**

HAVE APPLICANT SIGN THIS APPLICATION.

1

2

3

**PROBATE BOND**

NO FINANCIAL STATEMENT NECESSARY. HAVE APPLICANT SIGN THIS APPLICATION.

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*

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**COURT BOND OTHER THAN 3 AND 4**

HAVE APPLICANT SIGN THIS APPLICATION.

6

**LICENSE AND PERMIT BOND**

HAVE APPLICANT SIGN THIS APPLICATION.

7

**LOST SECURITIES**  
PLEASE HAVE APPLICANT SIGN THIS APPLICATION.