



Call Toll Free: 1-888-490-2663  
Fax: 360-833-9999

## Court/Probate Application and Indemnity Agreement

Bond Limit Requested \_\_\_\_\_ Effective Date \_\_\_\_\_

Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Name exactly as it should appear on your bond)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

To Whom is the bond given: Name and address \_\_\_\_\_

Has applicant ever had any lawsuits, judgments, liens or claims against them? \_\_\_\_\_ has any surety company ever paid a claim, cancelled, refused renewal, or denied an application? \_\_\_\_\_ has applicant ever declared Bankruptcy? \_\_\_\_\_

**If yes to any of the questions, please attach a detailed explanation.**

### Fiduciary (Probate) – Complete the following:

Applicant's Age: \_\_\_\_\_ Applicant's Net Worth: \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_ Active or retired? \_\_\_\_\_

What is your relationship with the deceased/incompetent/minor/beneficiary? \_\_\_\_\_

Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? \_\_\_\_\_

If yes, in what amount and what are the terms of repayment: \_\_\_\_\_

Attorney's name and address: \_\_\_\_\_

Court jurisdiction (Obligee) in which bond will be filed: \_\_\_\_\_

Is there an ongoing business? \_\_\_\_\_ If yes, please provide details \_\_\_\_\_

Inventory of the assets: Cash: \_\_\_\_\_ Securities \_\_\_\_\_ Real Estate \_\_\_\_\_ Other \_\_\_\_\_

Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)

**(Attach a copy of the Will, Trust or Court Order)**

### Administrator, Executor, Personal Representatives, etc.

Date of Death: \_\_\_\_\_ Is the estate insolvent? \_\_\_\_\_ Are there any disputes among the heirs? \_\_\_\_\_

**If yes to any of the questions, please attach a detailed explanation.**

### Guardianship, Conservator, trustee, etc

This is in regard to a: Minor \_\_\_\_\_ and/or Incompetent \_\_\_\_\_ Age: \_\_\_\_\_

Where does minor/incompetent reside? \_\_\_\_\_

Will any assets be under court restrictions? \_\_\_\_\_ Joint Control? \_\_\_\_\_

If yes, please provide details \_\_\_\_\_

Will professional accounting, investment or legal services be provided on an ongoing basis? \_\_\_\_\_

Does the presiding court require that an annual accounting be filed? \_\_\_\_\_ Estimated duration of the bond \_\_\_\_\_

### Receiver or Bankruptcy Trustee

Debtor: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Action: Liquidation \_\_\_\_\_ Reorganization \_\_\_\_\_ Receiver of Rents \_\_\_\_\_ Other \_\_\_\_\_

Do you carry Fidelity Coverage? \_\_\_\_\_ If yes, in what amount \_\_\_\_\_ Carrier \_\_\_\_\_

Do you carry Professional Liability or E&O coverage? \_\_\_\_\_ If yes, in what amount \_\_\_\_\_

Carrier: \_\_\_\_\_

**(Attach a copy of Court Order, Judgment and/or other documents)**

### Court: Judicial Bonds

Judgment / Claim Amount: \_\_\_\_\_

Type of Action: \_\_\_\_\_

Case Number: \_\_\_\_\_ Court Jurisdiction: \_\_\_\_\_

Attorney's name and address: \_\_\_\_\_

Summary of the Action: \_\_\_\_\_

Does the case involve a domestic dispute? \_\_\_\_\_