

2361 Highway 36 West
St Paul, MN 55113
Phone: (651) 342-1480
Fax: (651) 342-1763

Probate Bond Application

Required Fields in Red

Business Information

Legal Business Name: _____

(Or Individual)

DBA Name (if any): _____

Date Formed: _____ **Years of Experience in Trade:** _____

Ever Caused a Surety a Loss or Had a Bond Claim?: _____ **If yes, please explain on separate page**

Any principal, owner, or indemnitor file bankruptcy, have open judgments or tax liens? _____

If yes, to any of the above, please explain on separate page.

Type of Business: _____ Individual/Sole Proprietorship _____ Partnership
_____ S Corporation _____ C Corporation
_____ LLC (Ltd Liability Corp) _____ LLP (Ltd Liability Pshp)
_____ Non-Profit Corporation

Street Address: _____

City: _____

State: _____ **Zip Code:** _____

Mailing Address: _____

City: _____

State: _____ **Zip Code:** _____

Email Address: _____

Business Phone: _____ **Business Fax:** _____

Federal Tax ID: _____

Owner

Owner Name: _____
Title: _____ Ownership % _____
Spouse Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Owner SSN: _____ Spouse SSN: _____

Owner #2

Owner Name: _____
Title: _____ Ownership % _____
Spouse Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Owner SSN: _____ Spouse SSN: _____

Owner #3

Owner Name: _____
Title: _____ Ownership % _____
Spouse Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Owner SSN: _____ Spouse SSN: _____

**** All owners must provide signed Credit Authorization Form ****

Bond Information

Type of Bond: _____ Conservatorship/Guardianship
_____ Estate
_____ Trust/Special Needs Trust/Supplemental Needs Trust
_____ Social Security Representative Payee
_____ VA Fiduciary
_____ Power of Attorney

Amount of Bond: _____ Specific Bond Form Required? _____
(if so, please email or fax to our office)

Desired Effective Date: _____ Expiration Date: _____

Court File No: _____ Court District Number: _____

Court State: _____ County: _____

Attorney Name/Firm: _____

Attorney Address: _____

Attorney City: _____ Attorney E-mail : _____

Attorney State: _____ Attorney Zip Code: _____

Attorney Phone: _____ Attorney Fax: _____

Comments

Please also forward copies of petition, order, or obligee bond requirement letter in this matter.

Submit Application

Please return the completed application and signed Credit Authorization Form to:

Nick Newton
nicholas.newton@assuredpartners.com

Jenny Newton
jennifer.newton@assuredpartners.com

Amy Thompson
amy.thompson@assuredpartners.com

Fax: 651-342-1763