

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: _____

Referred by: _____

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:

Lin Ulven	Accounts A-G	lin.ulven@assuredpartners.com
Lisa Eubanks	Accounts H-N	lisa.eubanks@assuredpartners.com
Barb Olson	Accounts O-Z	barb.olson@assuredpartners.com