

Probate Bond Application

Required Fields in Red

Personal Information

Full Legal Name: _____

Ever Caused a Surety a Loss or Had a Bond Claim?: _____

Have you ever filed bankruptcy, have open collection items or judgments or tax liens? _____

If yes, to any of the above, please explain.

Street Address: _____

City: _____

State: _____ **Zip Code:** _____

Social Security Number: _____ **Date of Birth:** _____

Spouse Name: _____

Phone Number: _____ **Email:** _____

Referred By: _____

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: _____

Desired Effective 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

Fax: 651-342-1763