

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

**BOND APPLICATION FOR PROFESSIONAL CONSERVATOR**

Business Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Address(es): \_\_\_\_\_  
\_\_\_\_\_

Social Sec No(s). \_\_\_\_\_

Previously bonded? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

**\*\*PLEASE ATTACH PROFESSIONAL RESUME AND PERSONAL FINANCIAL STATEMENT\*\***

The undersigned applicant hereby requests AssuredPartners submit application to any of its sureties for bonds that may be required of the applicant. I/We understand that a consumer credit report may be obtained about me/us now and from time to time in the future, and if I/we ask, I/we will be told if a consumer report has been obtained and the name and address of the agency that supplied the report. I/we also understand and agree that I/we will be responsible for the usual and customary fee if this consumer report is obtained. The undersigned declares under penalty of perjury that the information and statements contained in this application are true, and the undersigned jointly and severally, in consideration of AssuredPartners providing a surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise, and agree to pay AssuredPartners the usual annual premium; and promise to provide upon request copies of accountings for any files AssuredPartners provides a surety bond on; and promise to timely pay renewal premiums and, in the event of late payment, agree to pay any service fees which may be charged due to the lateness of such payment; and provide AssuredPartners with the necessary documentation to properly close a bond file, including, but not limited to, discharge orders, statements to close, or any other acceptable form of documentation AssuredPartners' sureties may request.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
\_\_\_\_\_ (Name and Title)

Please return application packet to:

Amy Thompson

[amy.thompson@assuredpartners.com](mailto:amy.thompson@assuredpartners.com)

Fax: (651) 342-1763