

AGENT USE ONLY
BOND NUMBER

Probate and Fiduciary Application

A BOND INFORMATION				
TYPE OF BOND		BOND AMOUNT	CASE NUMBER	COURT
ESTATE OR DECEDENTS NAME			STATE	COUNTY
B APPLICANT/ PRINCIPAL INDEMNITOR INFORMATION				
INDIVIDUAL'S FIRST NAME/ MIDDLE NAME/ LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	HOME ADDRESS/CITY/ STATE/ ZIP			
EMAIL ADDRESS			HOME/ MOBILE PHONE	
<input type="checkbox"/> Employed / Self Employed <input type="checkbox"/> Retired	EMPLOYER NAME			
OCCUPATION or SELF EMPLOYED BUSINESS TYPE		ANNUAL INCOME	NET WORTH	
Have you ever had a conviction or civil judgment for fraud?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered YES to any of the questions above, please provide a detailed explanation.</i>				

C FIDUCIARY BOND						
IF CONSERVATORSHIP <input type="checkbox"/> MINOR <input type="checkbox"/> ADULT INCAPACITATED PERSON		RELATIONSHIP TO DECEDENT OR INCAPACITATED PERSON			DATE OF BIRTH	
WHERE DOES THE MINOR/ INCOMPETENT RESIDE				PERCENTAGE SHARE OF ESTATE		
ATTORNEY NAME					ATTORNEY PHONE	
ATTORNEY ADDRESS						
INVENTORY OF ESTATE ASSETS						
CASH	RETIREMENT ACCT	SECURITIES	REAL ESTATE	OTHERS	ANNUAL INCOME	DEBT OF ESTATE
\$	\$	\$	\$	\$	\$	\$
1. Is there an ongoing business?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you indebted to the estate?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Are there any disputes among the heirs?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Will any assets be under court restrictions?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Has anyone had control of the assets prior to your appointment?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered YES to any of the questions above, please provide a detailed explanation.</i>						

D AFFIRMATIONS	
Do you understand the first year's bond premium is not refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the bond premium is to be paid annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand you must retain an attorney throughout the administration of this estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E AGENCY/ AGENT OF RECORD	
AGENCY NAME	
PRODUCER OF RECORD	HCCS PRODUCER NUMBER

INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you.

The undersigned applicant and/or indemnitors hereby request that HCC Surety Group, comprised of American Contractors Indemnity Company, U.S. Specialty Insurance Company, United States Surety Company, and its affiliates, subsidiaries, and reinsurers (hereinafter collectively referred to as "the Company") become surety for and furnish the above bond and such other bond or bonds as may now or hereafter be required by or on behalf of the above named applicant. I understand that a consumer report may be obtained about me now and from time to time in the future, and if I ask, I will be told if a consumer report has been obtained and the name and address of the agency that supplied the report.

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 the Company being a surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise, and agree to pay the Company the usual annual premium; and we each jointly and severally agree to indemnify and keep indemnified the Company from and against any liability and all costs, charges, suits, damages, counsel fees and expenses of whatever kind or nature which said Company shall at any time sustain or incur, for or by reason, or in consequence of said Company having become surety or entering into such bond or bonds and agree to place the Company in funds to meet any claim or demand before it shall be required to make payment.

Unless otherwise indicated herein, the bond applied for shall not be applicable to guarantee or insure the applicant's operation, management, or control of an ongoing business operation. Additionally, the Company may at its discretion impose a "joint control" requirement as a condition of the issuance of the bond to the undersigned applicant. In any event, issuance of a bond to the undersigned applicant is conditioned upon the applicant's retention of competent legal counsel throughout the duration of any period of time, which the bond is in effect.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

Signed, sworn to and dated this _____ day of _____, _____.

Principal signature

Print name and social security number

Additional Indemnitor signature

Print name and social security number

DETAILED EXPLANATION

Please verify the application is SIGNED and DATED as indicated.