



**PROBATE AND OTHER FIDUCIARY BOND APPLICATION**

*This form to be used for*  
 ADMINISTRATORS COMMITTEES TRUSTEES RECEIVERS  
 EXECUTORS CONSERVATORS GUARDIANS ASSIGNEES  
 REFUNDING AND ALL MISCELLANEOUS FIDUCIARY BONDS

BRANCH OFFICE	AGENT	PREMIUM	BOND NO.	DIRECT BILL RENEWAL? Yes <input type="checkbox"/> No <input type="checkbox"/>
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NAME OF APPLICANT	SOCIAL SECURITY NUMBER	AGE
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ADDRESS	OCCUPATION
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WHAT ARE YOUR ASSETS?

WHAT ARE YOUR LIABILITIES?

NATURE OF BOND	AMOUNT OF BOND
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BOND FILED IN \_\_\_\_\_ Court of \_\_\_\_\_ County, State of \_\_\_\_\_

T Y P E  O F  B O N D	ADMINISTRATOR	NAME OF DECEASED	DOCKET NO.	DATE OF APPOINTMENT
	GUARDIAN OF INCOMPETENT	NAME OF INCOMPETENT		AGE
	GUARDIAN OF MINOR	NAME OF MINOR		BIRTHDATE

NAME AND ADDRESS OF ATTORNEY

Have you given prior bond in this estate or do you succeed any other fiduciary? (If answer is Yes, give full particulars and reason for change.) (Forward copy of accounting and court order approving same.)	
Are you indebted to the Estate? (If so, how much and how secured?)	
Is there a going business in the Estate? (If so, state nature and whether it is to be continued or liquidated.)	

**DESCRIBE ALL ASSETS AND LIABILITIES OF THE ESTATE**

A S S E T S	CASH	SECURITIES
	REAL ESTATE	MISCELLANEOUS

L I A B I L I T I E S	

*NOTE: From this point, fill out only that part of the application that pertains to the bond required.*

**BONDS OF RECEIVERS, RECEIVERS AND TRUSTEES IN BANKRUPTCY, ASSIGNMENT AND ALL OTHER FIDUCIARIES IN INSOLVENCY PROCEEDINGS**

NAME OF INSOLVENT OR BANKRUPT OR TITLE OF CASE

NATURE AND LOCATION OF INSOLVENT'S BUSINESS

STATE IF DUTIES ARE TO LIQUIDATE BANKRUPT ESTATE, OR TO CONTINUE BUSINESS PENDING REORGANIZATION

REMARKS

(Continued)

**BONDS OF ADMINISTRATORS, EXECUTORS, GUARDIANS, COMMITTEES, CONSERVATORS AND TRUSTEES.**

DID DECEDENT LEAVE A WILL? (If so, attach a copy thereof)

IS ANY WILL CONTEST EXPECTED?

- (a) ADMINISTRATOR AND EXECUTOR – List Heirs and ages.
- (b) TRUSTEE UNDER WILL – List Beneficiaries and ages.
- (c) GUARDIAN OR MINORS – List Minors and ages.

NAME	AGE	RELATIONSHIP TO DECEDENT OR WARD

HOW ARE YOU RELATED TO DECEDENT, MINOR OR INCOMPETENT?

WHAT IS YOUR SHARE IN ESTATE?

GIVE NAME AND ADDRESS OF BANK IN WHICH FUNDS OF THE ESTATE WILL BE DEPOSITED

In consideration of the execution by Selective Insurance Company of America (hereinafter called Company) of the bond herein applied for, the undersigned hereby agree:

FIRST, to pay to the Company an annual premium of \$ \_\_\_\_\_ in advance in each and every year during which liability under said bond shall continue in force and until satisfactory evidence of the termination of such liability shall be furnished to the Company;

SECOND, to indemnify the Company against all loss, liability, costs, damages, attorneys fees and expenses whatever, which the Company may sustain or incur by reason or in consequence of having executed said bond;

THIRD, that the Company shall have the absolute right to procure its release from said bond under any law for the release of sureties, and the Company is hereby released of an from any damages that may be sustained by the undersigned by reason of such release;

FOURTH, that a representative of the Company will be permitted at any time to examine the assets covered by the bond;

FIFTH, that when this agreement is executed by two or more persons, partnerships or corporations, it is understood and agreed that all obligations assumed herein shall be joint and several.

SIXTH, it is acknowledged that all information is complete and correct and is given to induce the insurance company and its agent to execute the bond applied for. It is understood that false information may constitute misrepresentation or fraud. Authorization is given to investigate the credit, character, capacity and capital of the applicant(s) from bonding purposes.

Signed and sealed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS:

All Applicants and Indemnitors sign below.

\_\_\_\_\_ (L.S.)

\_\_\_\_\_ (L.S.)

\_\_\_\_\_ (L.S.)