

If you have been appointed as an Administrator or Executor of an Estate and require a Bond, please complete the application and return to our office along with the bond form furnished to you by the Court. Submission of a signed bond application authorizes the bonding company to investigate the credit and character of the applicant to determine bonding qualification.

The premiums for court bonds are the responsibility of the person appointed to handle the property of the estate and are payable annually until the estate is settled and the Administrator/Executor is released by the Court. The first year's premium on all court bonds is fully earned.

Upon receipt of the application we can determine the cost of the bond. The bond premium must be paid in full, before the bond can be released to you.

When the Surrogate Certificate is issued, a copy must be sent to us.



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 HANSON & RYAN INC. PREMIUM PREMIUM INC. BOND NO. DIRECT BILL RENEWAL? Yes No

NAME OF APPLICANT SOCIAL SECURITY NUMBER AGE

ADDRESS OCCUPATION

WHAT ARE YOUR ASSETS?

WHAT ARE YOUR LIABILITIES?

NATURE OF BOND AMOUNT OF BOND

BOND FILED IN Court of County, State of

Table with columns: 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

Table with columns: ASSETS (CASH, REAL ESTATE, SECURITIES, MISCELLANEOUS), LIABILITIES

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?
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- (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:

******Check should be payable to Hanson & Ryan, Inc.*******

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.)