

Bond Professional Surety Insurance Services
 License OB33276
 P.O. Box 2207
 Spring Valley, CA 91979-2207

APPLICATION FOR FIDUCIARY BOND

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| SECTION I COMPLETE IN ALL CASES | | | |
|--|-----------------------------|--|--|
| NAME OF APPLICANT | | SOCIAL SECURITY NO. | |
| ADDRESS OF APPLICANT | | OCCUPATION | |
| NAME OF DECEASED OR TITLE OF CASE | | AGE | |
| ESTIMATED ASSETS OF ESTATE (or attach copy of inventory, or schedule) | | ESTIMATED NET WORTH | |
| CASH & SECURITIES | | RELATIONSHIP TO DECD. OR WARD | |
| PERSONAL PROPERTY | | TITLE AND LOCATION OF COURT | |
| REAL ESTATE | | COURT NUMBER | |
| DEBTS OF ESTATE | | DATE OF APPOINTMT. | |
| NAME AND ADDRESS OF ATTORNEY | | | |
| TYPE OF BOND | | Submit full particulars if: | |
| AMOUNT OF BOND | | YES NO a). Applicant had prior custody of assets, or <input type="checkbox"/> <input type="checkbox"/> b). Applicant will succeed to prior fiduciary, or <input type="checkbox"/> <input type="checkbox"/> c). Applicant is indebted to the estate, or <input type="checkbox"/> <input type="checkbox"/> d). A going business is part of the estate. <input type="checkbox"/> <input type="checkbox"/> | |
| NAMES OF REFERENCES | | OCCUPATION | |
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| SECTION II - COMPLETE FOR SHORT TERM BONDS (Admrs., Execrs., etc.) | | SECTION III - COMPLETE FOR LONG TERM BONDS (Gdns., Cons., etc.) | |
| DATE OF DECEASED'S DEATH | APPLICANT'S SHARE OF ESTATE | Attach copy of trust Agreement or Will. | |
| LIST HEIRS AND LEGATEES | | How often will accounting be required? _____ | |
| | | Joint Control <input type="checkbox"/> Will <input type="checkbox"/> Will not be exercised <input type="checkbox"/> To be considered <input type="checkbox"/> | |
| | | NAMES OF WARDS OR BENEFICIARIES OF TRUST | |
| | | AGE | |
| SECTION IV - COMPLETE FOR BANKRUPTCY BONDS (Rcvrs., Trustees) | | | |
| APPLICANT: duties are to | | AGENT | |
| <input type="checkbox"/> Marshall assets, liquidate and distribute to creditors. | | ADDRESS | |
| <input type="checkbox"/> Reorganize the business for continuance as a going concern. | | | |
| <input type="checkbox"/> _____ | | I (We) recommend the issuance of this bond. | |
| Indicate business experience of applicant _____ | | Signature _____ | |
| _____ | | AGENT | |

FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In consideration of the execution by the Surety, of the bond herein applied for the undersigned, hereinafter called the Indemnitor, agrees: First, to pay the premium at the Surety's manual rates for the first year (**which premium is fully earned**) and annually in advance thereafter until said Surety is furnished with evidence satisfactory to it of the termination of its liability under the bond; Second, to indemnify the Surety against all loss, liability, costs, damages, attorneys' fees and expenses whatever, which the Surety may sustain or incur by reason or in consequence of having executed said bond or any continuances, enlargements, modifications or renewal thereof or any substitute therefor. Vouchers or any other evidence of payment by the Surety of any loss, liability, costs, damages, attorneys' fees and expenses whatever sustained by it by reason of the execution of said bond or in procuring its release from future liability under said bond shall be prima facie evidence of the fact and extent of the Indemnitors' liability to the Surety; Third, the Surety shall have the right, and is hereby authorized, but not required, to adjust, settle, compromise any claim, demand, suit, or judgment, upon said bond unless the undersigned requests the Surety to litigate such claim or demand or defend such suit or to appeal from such judgment, and shall deposit with the Surety collateral satisfactory to it in kind and amount; Fourth, that the Surety shall have the absolute right to procure its release from future liability under said bond under any law for the release of sureties, and the Surety is hereby released of and from any damages that may be sustained by the Indemnitor by reason of such release; Fifth, that a representative of the Surety will be permitted at any time to examine the assets covered by the bond; Sixth, that the above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.

The applicant hereby agrees as follows: the Surety is authorized to conduct a credit investigation of the Applicant and listed affiliates and applicant will provide all requested financial statements and records.

DATED THIS _____ DAY OF _____, _____

SIGNATURE OF WITNESS _____ SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS _____ SIGNATURE OF APPLICANT _____