

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

**APPLICATION FOR:  
LICENSE & PERMIT, PROBATE, COURT, PUBLIC  
OFFICIAL, LOST INSTRUMENT BONDS**

Tel: (619) 670-1136  
Toll Free: (800) 622-6637  
Fax: (619) 670-5026  
Email: bondpro1@cox.net

Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_  
\_\_\_\_\_

Bond No.: \_\_\_\_\_

*Answer the Questions in this section for all Bonds and complete sections indicated for specific bonds.*

Applicant's Full Name: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Bond Amount \$ \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal I.D. # \_\_\_\_\_ If individual, include SS #: \_\_\_\_\_

**I - Complete for License & Permit Bonds (if financial guarantee provide financial statement)**

Nature of Bond Required (Describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom Given (Name and Address of Obligee)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Applicant's Business? \_\_\_\_\_

Date Beginning of Business under present owner or firm name; Year \_\_\_\_\_

Has Applicant ever failed in business or filed bankruptcy? \_\_\_\_\_

Give details of any pending lawsuits, judgments, liens, or contingent liabilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For all License & Permit bonds over \$25,000, please submit current financial statement.*

**II - Complete for Probate and Other Fiduciary Bonds**Type Bond: ☐ Executor ☐ Administrator ☐ Guardian ☐ Other (Describe) \_\_\_\_\_

Bond filed in \_\_\_\_\_ Court of \_\_\_\_\_ County, State of \_\_\_\_\_

Occupation of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Estimated Net Worth \$ \_\_\_\_\_

Name of Deceased/ Incompetent \_\_\_\_\_

Relationship to Deceased or Ward \_\_\_\_\_

Estimated Assets and Liabilities of Estate (or attach copy of inventory or schedule).

Cash & Securities	Personal Property	Real Estate	Debts of Estate
\$ _____	\$ _____	\$ _____	\$ _____

Name and Address of Attorney's Firm: \_\_\_\_\_

Submit full details if:

	Yes	No
Applicant had prior custody of Assets	<input type="checkbox"/>	<input type="checkbox"/>
Applicant succeeds prior fiduciary	<input type="checkbox"/>	<input type="checkbox"/>
Applicant indebted to estate	<input type="checkbox"/>	<input type="checkbox"/>
A going business is part of the estate	<input type="checkbox"/>	<input type="checkbox"/>
Has prior bond been given?	<input type="checkbox"/>	<input type="checkbox"/>

Will Joint Control be exercised? \_\_\_\_\_

List of Heirs/Beneficiaries/Minors

_____	Age _____
_____	Age _____
_____	Age _____

Complete for Bankruptcy Bonds (Receivers, Trustees)

Name of Insolvent, Bankrupt, or Title of Case: \_\_\_\_\_

Nature and Location of Insolvent's Business: \_\_\_\_\_

Under which Chapter of Bankruptcy will you operate? \_\_\_\_\_

**III - Complete for Court - Judicial Proceedings Bonds (Financial Statement Necessary)**

Title of Action: \_\_\_\_\_ vs \_\_\_\_\_

Court and County or District: \_\_\_\_\_

Name of Principal's Attorney: \_\_\_\_\_

Amount of Claim or Judgment: \_\_\_\_\_

To Whom is Bond Given: \_\_\_\_\_

Nature of Action: \_\_\_\_\_

(Attach copies of pertinent court documents)

#### IV - Complete for Public Official Bonds

Position: \_\_\_\_\_ ☐ Elected  
☐ Appointed

Effective Date Term begins: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Term Ends: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you previously occupied this position? ☐ Yes ☐ No If so, give details \_\_\_\_\_

State government division or public official to whom bond is given: \_\_\_\_\_

Approximate Amount of monies handled? Cash \$ \_\_\_\_\_ Securities \$ \_\_\_\_\_  
Other Property \$ \_\_\_\_\_

Largest Amount at one time under your control \$ \_\_\_\_\_

How often are records audited? \_\_\_\_\_ By Whom? \_\_\_\_\_

Number of subordinates? \_\_\_\_\_ Limits of Fidelity & Crime Insurance \_\_\_\_\_

Do you write checks? \_\_\_\_\_ Limit of Authority \_\_\_\_\_ Countersignature \_\_\_\_\_

Who reconciles bank statements? \_\_\_\_\_

Is CPA Audit performed? \_\_\_\_\_

If you are a Treasurer or Tax Collector complete the following:

In what name is bank account carried \_\_\_\_\_

List banks where funds are deposited \_\_\_\_\_

By whom had depository banks been designated? \_\_\_\_\_

Attach most recent Audit with Management Letter. \_\_\_\_\_

#### V - Complete for Lost Instrument Bond (Financial Statement Necessary)

To whom is bond given: \_\_\_\_\_

Give complete description of the lost instrument: \_\_\_\_\_

Face Value or Market Value of instrument \$ \_\_\_\_\_

Has the instrument been endorsed, assigned, or otherwise made negotiable? \_\_\_\_\_

Give full details as to the circumstances and date of loss \_\_\_\_\_

In whose name is bond requested? \_\_\_\_\_

How and when did you become owner? \_\_\_\_\_

Is required bond fixed penalty or open penalty? \_\_\_\_\_

**(Provide bond form and letter of instruction from Transfer Agent)**

Agent's knowledge and/or experience with applicant.

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.

PLEASE SIGN BELOW FOR SURETY BONDS

The undersigned hereby request Great American Insurance Company, or any of its subsidiaries or affiliates, to become surety on the bond for which application is made. In consideration of the execution of the bond by Great American Insurance Company, applicant agrees as follows:

1.

To indemnify and hold the Surety harmless from and against any loss, cost or expense which Surety might incur by reason of having executed this bond, any other bond or any substitutes, modifications or extensions thereof.
2.

Payment vouchers or any other evidence of payment by Surety of loss, cost or expense shall constitute prima facie evidence of the fact and the extent of applicant's liability to Surety thereunder.
3.

Surety has the right, but not the obligation, to adjust, settle or compromise any claim, suit, judgment or demand upon the bond.
4.

Upon demand by surety, applicant must deposit collateral in the form and in the amount requested by Surety.
5.

Surety shall have the absolute right to procure its release from future liability under said bond and Surety is hereby released from any damages applicant may sustain by reason of such release.
6.

Surety will be permitted, upon reasonable notice, to examine any and all books, records or assets relating to the bond coverage.
7.

The above agreements shall bind applicant and his/her heirs, executors, administrators, successors and assigns, jointly and severally.
8.

To pay all bond premiums in advance at each bond anniversary until the Surety's liability thereunder is terminated.

THE APPLICANT HEREBY AGREES AS FOLLOWS:

1.

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 \_\_\_\_\_ .

Witness: \_\_\_\_\_ Applicant/Principal \_\_\_\_\_ (L.S.)

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