



Probate and Fiduciary Application

Bond Number: _____

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 <i>If additional heirs, please attach a detailed breakdown.</i>				
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 Tokio Marine 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 individually and 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, attorney 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.



Fraud Warnings and Privacy Policy

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



TOKIO MARINE
HCC

Fraud Warnings and Privacy Policy

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

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

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Privacy Policy

Here at Tokio Marine HCC – Surety Group we know that your privacy is important to you, which makes it important to us. In support of changes to data privacy laws, we've made updates to our Privacy Policy and want to make sure you are aware of our updates. The new version of our privacy policy is available at www.tmhcc.com/en-us/legal/privacy-policy.