

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.)	
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Are you indebted to the Estate? (If so, how much and how secured?)	
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Is there a going business in the Estate? (If so, state nature and whether it is to be continued or liquidated.)	
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DESCRIBE ALL ASSETS AND LIABILITIES OF THE ESTATE

ASSETS	CASH	SECURITIES
	REAL ESTATE	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, ASSIGNEES 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 _____

FRAUD STATEMENT: 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.

District Of Columbia Fraud Statement

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.

Kentucky Fraud Statement

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.

Maryland Fraud Statement

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

New Jersey Fraud Statement

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

New York Fraud Statement

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.

Ohio Fraud Statement

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.

Pennsylvania Fraud Statement

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 subjects such person to criminal and civil penalties.

Tennessee Fraud Statement

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 and denial of insurance benefits.

Virginia Fraud Statement

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 and denial of insurance benefits.

Signed and sealed on the _____ day of __, _____.

WITNESS:

All Applicants and Indemnitors sign below.

_____	_____	(L.S.)
_____	_____	(L.S.)
_____	_____	(L.S.)