DLR Bonds & Insurance Agency	Phone #:	email:	Fax #:
Lic #0J22933	(909) 748-5220	email@dlrbond.com	(909) 295-6267

Probate / Conservatorship Bond Application*

Applicant Contact Info					
Name of Person Applying for Bond:					
Phone:	Email:				
Address:					
City:	State: Zip:				
Social Security #:	Date of Birth:				
Occupation:	How Long engaged in Occupation?				
Applicant's Net Worth: \$					
1. Case #	Case Name on Docket:				
2. Amount of Bond Requested: \$					
3. What has applicant been appointed by c <u>Example:</u> Administrator, Executo	court as: or, Administrator with Will Annexed, Conservator, Trustee				
4. Date of Applicant's appointment:	If over 6 months ago, attach brief explanation.				
5. Does this replace a prior bond?	s or 🗌 No				
6 . Has the applicant had possession of the etc.) prior to their appointment? Yes or	estate assets (i.e. power of attorney, access to bank accounts, No - If Yes, attach brief explanation				
7. Is the applicant indebted to the estate or	trust? I Yes or I No - If Yes, attach brief explanation				
8. Assets of estate: (describe)					
9. Name(s) of heir(s):					
10. Has anyone objected to the applicant's	appointment as fiduciary? 🗌 Yes or 🗌 No				
11. Will any going business of the estate be attach a copy of court order	e continued or operated by the fiduciary?				

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^{*}By submitting this application, applicant(s) consent to and authorize the procurement and use of a credit report for the individuals and/or business listed on this application and grant expresses authorization that all information on this application will be utilized and relied upon in the issuance of any bond on or after the date of this application.

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12.	2. Is this an additional bond for the same fiduciary matter?						
13.	What is the applicant's experience in handling fiduciary responsibilities?						
14.	Name of Deceased or Ward :						
15.	Date of Death:						
16.	Applicant's relationship to Deceased or Ward:						
17.	Name and address of Court:						
18.	Name and address of Attorney:						
19.	. Will the attorney remained involved throughout the duration of this estate? 🗌 Yes or 🗌 No						
20.	Requested effective date of bond?						
21.	For Conservatorship bonds:						
	Address of Ward:						
	Age of Ward:						
	Physical / Mental condition of Wa	rd:					

IMPORTANT – PLEASE READ

The undersigned applicant(s) and/or indemnitor(s) understand and agree to the following, for this application to be considered:

- 1. This is an application for a Surety Bond. A Bond is a credit relationship. A Bond is NOT an insurance policy. You, officers, directors, principals and other Indemnitors under Bond will severally and jointly be liable for payment to the Surety of any defaults under the Bond.
- 2. You must answer the questions on this application accurately. Any person who knowingly and with the intent to defraud any surety company or other person files an application containing any false information or conceals, for the purpose of, misleading information concerning any fact material thereto commits a fraudulent act, which is a crime.

(Continued on Next Page)

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Lic #0J22933 (909) 748-5220 email@dlrbond.com (909) 295-6	DLR Bonds & Insurance Agency	Phone #:	email:	Fax #:
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- 3. Due to the unique nature of this bonding program, all premiums, fees and/or commissions are considered fully earned, and are not refundable even if your bond is cancelled midterm.
- 4. You understand, that if issued, the bond is in effect and premiums will be due, until a final discharge is signed by the judge and a copy delivered to the surety.
- 5. CREDIT REPORT CONSENT The undersigned applicant(s) and/or indemnitor(s) understand and agree that by submitting an application for bonding, the undersigned authorize the Surety and/or its representatives to verify the information provided and the obtaining of additional information from any source, including obtaining a credit report on the undersigned and/or any other individuals associated with the business involved, including spouses, at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purpose determined by the writing company in its reasonable discretion.

Signed this, 20, 20,	
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Print Applicant's Name_____

Signature

PLEASE ATTACH A COPY OF PETTION & ORDER

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