

General Instructions for Probate Bonds

Completed Application – Please forward the original (signed and witnessed) application.

The following information is required at the time of application:

- **A list of all assets (preliminary inventory)**
- **A list of all known creditors and amounts due (Decedents' estates)**
- **A list of all estimated annual expenses (Minor/Incapacitated estates)**
- **Affidavit for Small Estate (Applies only to Small Estates)**

****Joint Control or a restricted account is required on all Conservator/Guardian and Trustee Bonds.***

The following information will be required once the application has been approved and the bond has been issued:

- **Court Approved Annual Accountings**
- **A filed-stamped copy of the inventory and all subsequent amendments**

Please feel free to mail, fax or e-mail all required information to:

**The Bond Department
1717 Hidden Creek Court
St. Louis, Missouri 63131
Fax 888 658-6761
bonds@thebarplan.com**

***If you wish to pay the bond premium via credit card, please call The Bar Plan at 877-553-6376 or visit www.thebarplan.com and click on the Pay Online link.**

The Bar Plan Surety and Fidelity Company
The Bar Plan Mutual Insurance Company

1717 Hidden Creek Court, St. Louis, Missouri 63131, (314) 965-3333, Fax (314) 965-7812 or
Toll Free 877-553-6376, Fax (888) 658-6761

Probate & Fiduciary Bond Application

Please print legibly or type

Type of bond requested, please check one:

Administrator Executor Guardian Conservator
 Summary Admin. Creditor's Refusal Small Estate Trustee

Name of applicant: _____

(Mr./Mrs./Ms.) First Name Middle Initial Last Name

A/K/A or Alias Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birth Date: _____

Provide the name of all banks at which you hold accounts.: _____

Do you own a home?: _____ Rent?: _____ Other: _____

Are you currently employed?: _____

Employer: _____

Position/If retired, previous position: _____

If self employed, explain nature of business _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Length of employment/ownership: _____

Applicant's relationship to Ward or Decedent: _____

Have you ever been convicted or pled guilty to a felony? _____

If yes, please explain: _____

Have you filed for personal bankruptcy?: _____ If yes, when?: _____

Are you indebted to Decedent/Conservatee? _____ If yes, amount \$ _____

Estate Information

Name of decedent or ward: _____

Date of Birth of Conservatee/Minor _____

Marital Status of the Ward at the time of the declaration of incompetency: _____

Date of Death of Decedent: _____

Marital Status of the Decedent at the time of death: _____

Amount of cash in estate \$ _____ Value of Securities \$ _____

Value of Real Property \$ _____ Other Assets _____

Ward's Annual Income (All sources) \$ _____

Bank where ESTATE ACCOUNT will be opened _____

City _____ State _____ Zip _____

Does the estate contain an ongoing business? _____ If yes, name _____

Type _____ Will it be continued? _____

Has applicant had prior custody of the assets of the estate? _____

If yes, please explain _____

Has there been a prior fiduciary on this estate? _____

If yes, name of prior fiduciary: _____ Reason for change: _____

If yes, was that fiduciary bonded? _____

If yes, name of prior surety: _____ Reason for change: _____

Where will securities be kept? _____

(Safe deposit box, Brokerage Firm including name & address)

Bond to be filed in _____ Court in the County of _____, State of _____

Amount of Bond: _____ Estate Number: _____

On Bonds for Administrators and Executors, list heirs at law, devisees or legatees. On Bonds for Guardians and Conservators, list potential heirs of the incompetent.

NAME	DATE OF BIRTH	RELATIONSHIP TO WARD/DECEDENT	ADDRESS	RELATIONSHIP TO APPLICANT

Please attach for Personal Representatives a list of the deceased's known creditors and amounts due. For Conservator/Guardian a list of the ward's estimated annual expenses. For Small Estates please attach the Affidavit of Small Estate.

Joint Control or Restriction is required on all Conservator/Guardian/Trustee Estates. Do you agree to Joint Control or Restriction? Yes () No ().

Do you understand the first year's bond premium is not refundable? Yes () No ()

Do you understand all increases and reductions of the bond must be ordered by the court? Yes () No ()

Do you understand that the bond is in effect until the Surety receives the approved final settlement or Order of Discharge? Yes () No ()

Do you understand the bond premium is to be paid annually? Yes () No ()

Do you understand you must retain an attorney throughout the administration of this estate/conservatorship? Yes () No ()

Attorney Information

Name of Attorney for Principal: _____

Law Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

E-Mail Address: _____

How did you hear about our bond program? _____

Delivery Method....Regular Mail _____ or Overnight (at the cost of the client) _____

*What % of your practice is in the Probate/Estate Planning/Trusts area? _____

Registered Agent Name: _____

Registered Agent Address: _____

City: _____ State: _____ Zip: _____

Agent/Broker Information

Name of Insurance Agent/Broker: **Mary Jones**

Name of Insurance Agency: **Florida Lawyers Insurance Agency**

Agent/Broker/Agency Address: **3504 Lake Lynda Drive, Ste. 325A**

City: **Orlando** State: **FL** Zip: **32817**

Phone number: _____ Fax No.: _____

E-Mail Address: _____

SS# or FEIN for Payee: _____ Agent/Broker License #: **D076865**

Are you paying fees to a subproducer? Y/N ___ If Yes, complete supplemental application.

Note to Agent, Broker and/or Agency: Please submit a current copy of your Agent, Broker and Agency License with Application

Note: If the application is not completed in its entirety, it may cause delay in issuing the bond.

Anti-Fraud Notice

The following disclaimer applies only to applicants in the states of Washington and 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 third degree."

Anti-Fraud Warning

Applicable to Maine, Tennessee and Virginia Applicants only

"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".

Anti-Fraud Warning

Applicable to New York Applicants only

"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."

Anti-Fraud Notice

Applicable to Kentucky Applicants Only

"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."

Anti-Fraud Notice

Applicable to Ohio Applicants Only

"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."

Anti-Fraud Notice

Applicable to New Mexico, West Virginia, Rhode Island and Louisiana Applicants Only

"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."

Anti-Fraud Notice

Applicable to DC Applicants Only

"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."

Anti-Fraud Notice

Applicable to Indiana Applicants Only

"Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false presents, incomplete or misleading information commits a felony."

Anti-Fraud Notice

Applicable to Hawaii Applicants Only

"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."

Anti-Fraud Notice

Applicable to New Jersey Applicants Only

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

Anti-Fraud Notice

Applicable to Pennsylvania Applicants Only

"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."

Anti-Fraud Notice

Applicable to Oklahoma Applicants Only

"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."

Anti-Fraud Notice

Applicable to Colorado Applicants Only

"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 or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

AGREEMENT OF INDEMNITY-PLEASE READ CAREFULLY

MUST EXECUTE AND FAX BACK PRIOR TO ISSUANCE

In consideration of the execution by The Bar Plan Surety and Fidelity Company or The Bar Plan Mutual Insurance Company, St. Louis, Missouri (whichever issues or continues said bond being hereinafter called "Company"), of the bond herein applied for, I hereby agree:

1. To pay to the Company the premium for the bond in accordance with the rates filed by the Company in the State where the bond shall be filed and further agree to pay annually in advance thereafter the annual renewal charges which are due and to continue to pay such renewal premium charges which shall be due until satisfactory evidence of the release of the Company from all liability under the bond shall have been furnished to the Company, it being understood the usual evidence required is a release from the court signed by the presiding judge specifically releasing the surety from further liability.
2. **WAIVER OF SERVICE OF NOTICE OF PREMIUM CLAIM.** The undersigned hereby waives service of notice of any premium claim filed against the estate related to the bond issued from this application.
3. To indemnify the Company against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Company may sustain or incur by reason or in consequence of having executed said bond and in enforcing any of the agreements herein contained.
4. The Company shall have the right, and is hereby authorized but not required, to adjust, settle, or compromise any claim, demand, suit, or judgment upon said bond unless the undersigned shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment, and if the undersigned makes such request the undersigned shall deposit with the Company collateral satisfactory to the Company in kind and amount.
5. This Agreement is an instrument executed under seal and will be governed by and construed in accordance with the laws of the State of Missouri. The Company shall have the right to institute any action for collection of any amounts due under this Agreement against Undersigned in the Circuit Court of St. Louis County, Missouri. The Company shall have the right to give notice or to serve process on the Undersigned for the purpose of pursuing any and all remedies against Undersigned in said court. The Undersigned explicitly consents to the jurisdiction and venue of said court. The Undersigned agrees to accept personal service of process with respect to any legal action filed to collect any amounts due under this Agreement.
6. The Company shall have the absolute right to procure its release from said bond under any law for the release of sureties, and the Company is hereby released of and from any damages that may be sustained by me by reason of such release.
7. At any time, and until such time as the liability of the Company is terminated, the Company shall have the right to reasonable access to the books, records, and accounts of the applicant and estate and any bank depository, or other person, firm, or corporation is hereby authorized to furnish the Company any information requested.
8. The above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.
9. Applicant(s) hereby expressly authorize The Bar Plan Mutual Insurance Company or The Bar Plan Surety and Fidelity Company to access his/her/its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon receipt of a notice of claim or potential claim, for debt collection.

Signed and Dated this _____ day of _____, 20_____.

Witness

Applicant

Printed Name

Printed Name

Agent

Printed Name of Agent