

PROBATE BOND APPLICATION*

Date: _____

1. AGENT/BROKER INFORMATION	Agency/Broker Name: GLOBAL INSURANCE AGENCY	Producer #	Phone 908-469-8441	Fax #: 908-469-8460
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2. CASE INFORMATION	Type of Bond (Attach Bond Form):	Amount of Bond ♦:	Amount of Estate:	Effective Date:
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In the matter of the Estate of:	Is there a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Who is:	<input type="checkbox"/> Deceased	⇒	Date of Death: _____
	<input type="checkbox"/> Minor	⇒	Date of Birth: _____
	<input type="checkbox"/> Incompetent	⇒	Date declared Incompetent: _____

Bond Filed in: Court County, State of:	Date of Appointment:	Probable Duration of Trust:
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Is Principal:	Sole or Principal beneficiary of estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes to any answers, please provide responses on a separate sheet.
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Controls imposed on estate assets:	Has Court approved support allowance for family or wards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blocked Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Safeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3 PERSONAL INFORMATION	Individual's Name:	Relationship To Ward:	Social Security #:	Date of Birth:
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Occupation:	Employer and Business Address:	Business Phone:
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Spouse's Name:	Social Security #:	Date of Birth:
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Residence Address:	City:	State:	Zip Code:	Residence Phone:
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Are You the Trustee, Trustor or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Estimated Personal Net Worth: \$	♦ If bond penalty exceeds \$250,000, submit personal financial statements. No tax returns, please.
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4. List estimated estate assets:

- a. Cash: _____
- b. Stocks/Bonds: _____
- c. Personal Property: _____
- d. Real Property: _____
- e. Estimated Estate Debts: _____

5. Persons interested in the estate. List all heirs, legatees, beneficiaries, wards, etc...

Name	Age	Relationship	Address
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	Yes	No	Please explain all Yes responses.
6. Has another bonding company declined this bond? (Not Applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are you replacing a prior fiduciary?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Does this bond replace another bond?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Is there an on-going business in the Estate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are you indebted to the Estate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you had prior custody of assets in any capacity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Will Joint Control be exercised?	<input type="checkbox"/>	<input type="checkbox"/>	_____

13. Attorney Information:

a. Attorney Name: _____	b. Firm Name _____
c. Address: _____	d. Attorney Phone/Fax: _____
e. How long has the attorney known the Applicant? _____	

***All information furnished on this application will be utilized and relied upon for the issuance of any bonds on or after the date above.**

GENERAL INDEMNITY AGREEMENT

I request that Capitol Indemnity Corporation and/or Platte River Insurance Company, hereinafter known as CIC and/or PR, execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize CIC and/or PR or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I make the following promises so that CIC and/or PR will execute a Bond and consider executing future bonds:

1. I agree that the following definitions apply: (a) Bond means (i.) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CIC and/or PR at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which CIC and/or PR is or may be made liable for Loss, whether or not Principal is also Liable, and (ii.) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by CIC and/or PR in connection with any Bond or this agreement, including: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CIC and/or PR harmless from all Loss and to pay back or reimburse CIC and/or PR for all Loss.
3. I agree to pay CIC and/or PR each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
4. I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
5. I agree that CIC and/or PR may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
6. I agree that CIC and/or PR have the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
7. I agree that I cannot terminate my liability to CIC and/or PR created by this agreement except by sending written notice of intent to terminate to CIC and/or PR. Written notice to terminate shall be sent to CIC and/or PR at its service office, 115 Glastonbury Boulevard, Glastonbury, CT 06033. I agree that the termination will be effective thirty working days after actual receipt of such notice by CIC and/or PR, but only for Bonds signed or committed to by CIC and/or PR after the effective date. Thus, I agree that I will remain liable to CIC and/or PR for Loss on Bonds signed or committed to by CIC and/or PR prior to the effective date of termination.
8. I agree that CIC and/or PR can bring any legal action arising out of or in any way related to any Bond or this agreement in Dane County, Wisconsin and the Wisconsin law shall apply where CIC and/or PR makes such election.
9. I agree that with my signature below, I am representing myself as both Principal and Indemnitor as used above.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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.

Notice To Arkansas Applicants: "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."

Notice To Colorado Applicants: “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.”

Notice To Florida Applicants: “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 in the third degree.”

Notice to Idaho Applicants: “any person who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.”

Notice To Kentucky Applicants: “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.”

Notice To Minnesota Applicants: “a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

Notice To Nebraska Applicants: “No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company’s obligation under the policy or contract unless such misrepresentation or warranty. 1) Was material; 2) was made knowingly with the intent to deceive; 3) was relied and acted upon by the company; and 4) deceived the company to its injury.

The breach of warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of loss and contributes to the loss.” (44-358)

Notice To New Jersey Applicants: “any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Notice To New Mexico Applicants: “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 civil fines and criminal penalties.”

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.”

Notice To Ohio Applicants: “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.”

Notice To Pennsylvania 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 subjects such person to criminal and civil penalties.”

Notice To Tennessee and Virginia Applicants: “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.”

Notice To Vermont Applicants: "any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 may subject such person to criminal and civil penalties.

Signed and dated this _____ **day of** _____ , _____

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number:

GLOBAL INSURANCE AGENCY LLC

Tel. 908-469-8441 Fax 908-469-8460

quotes@globalinsurancenj.com

PERSONAL STATEMENT

CONFIDENTIAL

NAME _____ SS # _____

RESIDENCE ADDRESS _____

The following is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

(Month) _____ (Day) _____ (Year) _____

Million Thousand Hundred Million Thousand Hundred

ASSETS	Million	Thousand	Hundred	LIABILITIES	Million	Thousand	Hundred
Cash on hand and in Banks				Notes payable to Banks - Secured			
U. S. Gov. Securities - see schedule				Notes payable to Banks - Unsecured			
Listed Securities - see schedule				Notes payable to relatives			
Unlisted Securities - see schedule				Notes payable to others			
Accounts and Notes Receivable Due from relatives and friends				Accounts and bills due			
				Unpaid Income Tax			
Accounts and Notes Receivable Due from others - good				Other unpaid taxes and interest			
				Real Estate Mortgages payable - see schedule			
Accounts and Notes Receivable Doubtful				Chattel Mortgages and Other Liens payable			
Real Estate owned - see schedule							
Automobiles and other Vehicles				Other debts - itemize			
Equipment							
Personal Property							
Cash Value- Life Insurance							
Other assets - itemize							
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIAB. & NET WORTH			

SOURCES OF INCOME	PERSONAL INFORMATION
Salary \$	Business or Occupation Age
Bonus and Commissions \$	
Dividends \$	Partner or officer in any other venture
Real Estate Income \$	
Other income - itemize \$	Married Children
	Single Dependents
TOTAL \$	

CONTINGENT LIABILITIES		GENERAL INFORMATION
As endorser, comaker or guarantor	\$	Are any assets pledged? - see schedule
On leases or contracts	\$	Are you defendant in any suits or legal actions?
Legal claims	\$	
Provision for Federal Income Taxes	\$	Personal Bank Accounts carried at
Other special debt	\$	Have you ever taken bankruptcy? Explain:

SCHEDULE OF U. S. GOVERNMENTS, STOCKS AND BONDS OWNED			
No. of shares or Face value (Bonds)	Description	In name of	Market value

SCHEDULE OF REAL ESTATE OWNED						
Description of property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage	
					Amount	Maturity

SCHEDULE OF LIFE INSURANCE CARRIED, INCL. N.S.L.I. AND GROUP INSURANCE				
Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

THE UNDERSIGNED CERTIFIES THAT BOTH PAGES HEREOF AND THE INFORMATION INSERTED THEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

_____ Date signed

_____ Signature

GLOBAL INSURANCE AGENCY LLC

514 WESTFIELD AVE. ELIZABETH, NJ 07208

TEL. 908-469-8441 FAX 908-469-8460

quotes@globalinsurancenj.com

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR GLOBAL INSURANCE AGENCY LLC, JW BOND CONSULTANTS, INC. AND THE SURETY TO OBTAIN CONSUMER INFORMATION FROM ANY SOURCE WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INCLUDES OBTAINING CREDIT REPORTS AT THE TIME OF APPLICATION, IN ANY REVIEW OR RENEWAL, AT THE TIME OF ANY POTENTIAL OR ACTUAL CLAIM, OR FOR ANY OTHER LEGITIMATE PURPOSES AS DETERMINED BY THE SURETY IN ITS REASONABLE DISCRETION. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

APPLICANT'S NAME: _____
Print First Name, Middle Name and Last Name

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

HOME ADDRESS: _____
Address City State Zip

PHONE: _____ FAX: _____ E-MAIL: _____

COMPANY NAME AS IT APPEARS ON THE APPLICATION

APPLICANT SIGNATURE

DATE