

Individual
Partnership
Corporation
Limited Liability Company
Limited Liability Partnership



1353 Palmetto Ave., Suite 100
Winter Park, FL 32789;
Toll Free (888) 848-1787; P: (321) 972- 4863
f: 407.628.1671; e: info@lsjins.com
www.lsjins.com

Court and Probate Bond Application (Please Print or Type)

1. Applicant Information	Name (Must be exactly as it appears on License or bond):	Social Security #	Date of Birth	Married Single
Residence Address :	City:	State:	Zip:	Ph:
Estimated Personal Net Worth: \$	Applicant E mail:	Spouse Name:	Social Security:	Date of Birth:
Business Address :	State:	City:	Zip:	
Date Business Started:	# of owners ,Partners or Members:	Yrs in Bus:	Ph:	Fax:
Does the business or any principal involved: If yes to any question, attach an explanation				
Have any outstanding collection items or liens?	YES NO	Had any lawsuits or Judgments against them?	YES NO	
Ever failed in business or declared bankruptcy?	YES NO	Ever had a license or bond cancelled or denied?	YES NO	

NOTE: Must attach copy of the Complaint, or Court document requiring the bond. Provide explanation to yes questions separately

2. Bond Information	Type of Bond:	Effective Date:	Amount of Claim or Judgment \$	Amount of bond: \$
Complete name of the Obligee (Court)			Date of Judgment	Docket Number
Obligee's address (Court)		City	County	State Zip
Explain Purpose of Bond Exact Title of Action and Basis of action:				
Describe Property being attached or otherwise involved:				
Is applicant involved in other litigation? Yes No, if yes provide explanation:				
Plaintiff's Name:		Defendant's Name:		
Attorney's name, address & Ph.#:				
If Injunction or Restraining Order Bond, Does applicant anticipate a foreclosure or collection action against him? Yes No				
Probate: Name of deceased (Ward)	Date of Death	Date of appointment: (if over 6 months Explain delay)	Is applicant indebted to the estate or trust? YES NO, if yes explain	
Has applicant had possession of estate assets? YES NO, if yes explain				
Will the attorney remain involved throughout the duration of this estate? YES NO		Name, age, and health status of minor(s) incompetent		
Describe assets of estate:		Applicant relationship to Deceased Ward(s)		
Are guardianship funds to be used for support of ward? YES NO, Approximately how much per month? \$		What is the source of the guardianship funds? Send court order authorizing expenditures		
Who are the Heirs of this estate?			Has anyone objected to the applicant's appointment as fiduciary? YES NO	
Will any going business (excluding farms) of the estate be continued by fiduciary? YES NO, If yes send copy of court order		Is this bond required on the demand of an interested person? YES NO, Who?		
What is the applicant experience in handling fiduciary responsibilities?				

Indemnity & Notes: The undersigned applicant and indemnitor hereby request and apply for a surety bond and authorize LSJ Insurance Agency to submit this application on their behalf for approval and agree to the following: a) Authorize the surety bonding company to verify this information at any time, and obtain additional information from any source including credit report. b) Agree that if the application is approved to properly sign the Company's specific Indemnity agreement which becomes an integral part of this application and pay the premium due as a condition to issue the bond. Signed and dated this _____ day of _____, 20____

Print company name X _____ (Principal's and /or its authorized representative) _____ (Title)