

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership



1353 Palmetto Ave., Suite 100
 Winter Park, FL 32789;
 Toll Free (888) 848-787; P: (407) 644-4423
 F: 407-628-1671; E: info@jalladinsurance.com;
 www.jalladinsurance.com

Probate Bond Only Application (Please Print or Type)

NOTES: Must attach copy of the Court order, List of estate assets, List of heirs, legatees, beneficiaries, wards, etc.

1. Personal Information	Individual's /Principal Name	Relationship to Ward(s)	Social Security #	Date of birth	Married <input type="checkbox"/> Single <input type="checkbox"/>
Occupation		Employer and Business address		Business Phone	Estimated Personal net worth: \$
Spouse's name		Social Security #		Date of Birth	
Residence Address		City	State	Zip	Residence Phone
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	
What is the individual relationship to <input type="checkbox"/> Deceased <input type="checkbox"/> Ward(s)?					
What is the Principal experience in handling fiduciary responsibility?					

2. Bond / Case Information	Type of Bond (attach Bond form)	Effective Date	Amount of Estate \$	Amount of bond \$
IN THE MATTER OF THE ESTATE OF:				
Who IS A	<input type="checkbox"/> Deceased; Date of Death:			
	<input type="checkbox"/> Minor; Date of Birth:		Health Status:	
	<input type="checkbox"/> Incompetent; Date declared:		Health Status: Age:	
Are you replacing a prior fiduciary or another bond? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bond Filed in:		Court,	County, State of:	
Residence address of the ward:		City	State	Zip
Probable duration of Trust:		Date of Appointment: (If over 6 months explain why delays)		
Is Principal Indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes Explain	Has principal had possession of estate Assets? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes explain?	Has anyone objected to the principal appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No, who?				
Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> No, Approximately how much per month? \$; Send us court order authorizing expenditures			What is the source of the guardianship funds?	
Will any ongoing business (excluding farms) of the estate be continued by fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes send copy of court order				
Attorney's name:		address	Ph.#:	Will attorney remain involved for the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe assets of the estate:				
List the heirs of the estate?				

Indemnity & General Notes: The undersigned applicant and Indemnitors hereby request and apply for a surety bond and authorize ISU Jallad Insurance Services 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 personal 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	_____ / _____	(Business's authorized representative)	(Title)
Additional Indemnitors				
Witness	X	_____ / _____	(Owner Signature)	(Print Name)
Witness	X	_____ / _____	(Owner Signature)	(Print Name)

Email Address: _____