Barbour Group

All Purpose Application

Fax completed request to 410-876-9954 Or email to tbg@thebarbourgroup.com

Bond Type Licen (Check One):	se & Permit Probate	Court	Public Offical	ERISA	Lost	Title/Securities
Bond Amount \$	Effective Date:	Во	nd Description:			
Obligee Name (As it aj	City	e Address		State	Zi	*Attach Obligee's P bond form if any
Applicant Type Indiv (Check One)		(C) Corp	(S) Corp	LLC	LLP	Non-Profit
Number of Owners	: Date Started in	Business:	FEIN:		License	: #:
Applicant Name (As it	must appear on bond):					
Business Address:	· · · · · · · · · · · · · · · · · · ·	Cit	У		State	Zip
		Business Em	ail:			
Does the applicant or o	wner have any other surety	bonds in force?		Yes	No	If any of the questions at
	y owner had a bond involun		ed or cancelled?	Yes	No	left are answered YES,
	, laim or legal action against a			Yes	No	provide an explanation of the reverse side of the
	y owner been subject to a la			Yes	No	application, and submit
	been convicted of a felony?		•	Yes	No	documentation of resolution of applicable.
Owner/Ide	emnitor		Or	vner/Idemi	nitor	
Name:	SSN:	1	Name:		SSN	[:
	How Long?	(Occupation:		Hov	v Long?
pouse:	SSN:		Spouse:		SSN	[:
	How Long?		Occupation:		Hov	v Long?
Address:		/	Address:			
City:	State: Zip:	(City:		State:	Zip:
Phone:	Fax:		Phone:		Fax:	
ersonal Email:		1	Personal Email:			

By providing the above information, you consent to the Surety to order a credit report to be used in connection with the underwriting of this bond and acknowledge that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include fines, imprisonment and denial of benefits.

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UZ 3H6[/STW	FkbWaX4a`V 3V_ [`[efdSfad] Executor Guardian Guardian of Minor Trustee
f6alg_Wfe	/5ZWJ A`Wi Attorney Name: Attorney Address:
	Attorney Phone:
	Will attorney remain involved for the duration of the probate process? Yes No
	Has the applicant had prior access to assets of the estate/guardianship? Yes No If Yes, please detail access and activity below
	Assets of the estate or guardianship (Describe) Cash: \$Securities: \$Real Estate: \$ Other: \$ Other: \$
	Name, age, and health status of Ward or Incompetent Applicant's relationship to Ward or Deceased Will guardianship funds be used for support of the ward? If yes, what is the approximate monthly expenditure? \$
	Will joint control of restricted accounts be utilized to safeguard assets? Yes No Does the court require an annual accounting? Yes No Is the anticipated bond term 3 years or more? Yes No Heirs of the estate:
	(Attach list if needed)
	Are there any disputes amongst the heirs? Yes No If yes, attach explanation
	Has anyone objected to the applicant's appointment? Yes No If yes, attach explanation
	Is this bond required on demand of an interested party other than the court? Yes No If yes, attach explanation Will any going business related to the estate be continued by the fiduciary? Yes No If yes, attach court order
	Name and address of the court of jurisdiction:
	CityStateZip
า	Applicant's Net Worth Explanation of applicant's prior related experience or professional qualifications
	\$
t	Type of Bond Trustee in Bankruptcy Receiver Appeal Injunction Foreclosure Other (Check One)
court order,	Plaintiff: Defendant: Name and address of Principal's Attorney:
documents,	Address: State: Zip:
ancial ents	Does this matter involve a domestic dispute? Yes No Name and address of the court of jurisdiction:
ents	Address:State:_State
13	Elected or Appointed? Date: Term of Office:
	Elected or Appointed? Term of Office: Term of Office: For Treasurer or Tax Collector requests in excess of \$500,000, please provide a copy of the municipality's most recent audit include auditor's notes and recommendations.
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