



All Purpose Application

**Fax completed request to 410-876-9954
Or email to info@thebarbournroup.com**

A **Bond Type** License & Permit Probate Court Public Official ERISA Lost Title/Securities
(Check One):

Bond Amount \$ _____ Effective Date: _____ Bond Description: _____

Obligee Name (As it appears on bond) _____ Obligee Address _____
 _____ City _____ State _____ Zip _____

*Attach
Obligee's
bond form,
if any

B **Applicant Type** Individual Partnership (C) Corp (S) Corp LLC LLP Non-Profit
(Check One)

Number of Owners _____: Date Started in Business: _____ FEIN: _____ License #: _____

Applicant Name (As it must appear on bond):

Business Address: _____ City _____ State _____ Zip _____

Business Phone: _____ Business Email: _____

| | | | |
|--|-----|----|--|
| Does the applicant or owner have any other surety bonds in force? | Yes | No | If any of the questions at left are answered YES, provide an explanation on the reverse side of the application, and submit documentation of resolution of applicable. |
| Has the applicant or any owner had a bond involuntarily terminated or cancelled? | Yes | No | |
| Has there ever been a claim or legal action against any bond written on your behalf? | Yes | No | |
| Has the applicant or any owner been subject to a lawsuit, bankruptcy, or tax liens? | Yes | No | |
| Has the applicant ever been convicted of a felony? | Yes | No | |

C

| | | | |
|------------------------|-----------------|------------------------|-----------------|
| Owner/Idemnitor | | Owner/Idemnitor | |
| Name: _____ | SSN: _____ | Name: _____ | SSN: _____ |
| Occupation: _____ | How Long? _____ | Occupation: _____ | How Long? _____ |
| Spouse: _____ | SSN: _____ | Spouse: _____ | SSN: _____ |
| Occupation: _____ | How Long? _____ | Occupation: _____ | How Long? _____ |
| Address: _____ | | Address: _____ | |
| City: _____ | State: _____ | City: _____ | State: _____ |
| Zip: _____ | | Zip: _____ | |
| Phone: _____ | Fax: _____ | Phone: _____ | Fax: _____ |
| Personal Email: _____ | | Personal Email: _____ | |

D 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.

I Agree

D1

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 FhVAX1a` V 3V_ [[efcfad Executor Guardian Guardian of Minor Trustee
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 Attorney Name: _____ Attorney Address: _____
 Attorney Phone: _____ City _____ State _____ Zip _____
 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: \$ _____
 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: _____
 City _____ State _____ Zip _____

D2

Court
Attach court order,
related documents,
and financial
statements

Applicant's Net Worth \$ _____ Explanation of applicant's prior related experience or professional qualifications _____
 Type of Bond Trustee in Bankruptcy Receiver Appeal Injunction Foreclosure Other
 (Check One)
 Plaintiff: _____ Defendant: _____ Name and address of Principal's Attorney: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Does this matter involve a domestic dispute? Yes No Name and address of the court of jurisdiction: _____
 Address: _____ City: _____ State: _____ Zip: _____

D3

Public
Official

Elected or Appointed? _____ Date: _____ 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 including the auditor's notes and recommendations.

D4

ERISA

Desired Term: 1 year 3 years Legal Name of Plan: _____
 Type of Business: _____ Business Address: _____
 City: _____ State: _____ Zip: _____
 Total Plan Assets: \$ _____ Number of Participants in Plan: _____ Number of Trustees: _____
 Is the plan audited by a CPA? Yes No Has plan experienced claim or loss in last 5 years? Yes No
 If yes, provide details

D5

Lost
Securities

Serial Number/Description of Lost Item _____
 Date of Instrument: _____ Payable to Applicant Only? Yes No If no, who is it payable to? _____
 Are securities endorsed? Yes No Manner of Loss (describe): _____
 Has notice been given? Yes No When? _____ To Whom? _____
 If registered, in whose name? _____ If a check, has payment been stopped? Yes No
 If yes, when? _____
 If a deed of trust or note, has it been involved in a lawsuit? Yes No Was a judgment obtained? Yes No
 If a lost title, vehicle make: _____ Model: _____ Year: _____ VIN: _____
 Is there a lienholder? Yes No If yes, who? _____

Additional Comments

