



PROBATE BOND DATA SHEET*

Date _____

1 AGENT/BROKER INFORMATION Agency/Broker Name: BARTLOW BONDING SERVICES, INC. Phone #: (310) 568-8496 Fax #: (310) 568-8694

2 CASE INFORMATION Type of Bond(s) Attach Bond Form(s): Amount of Bond: Amount of Estate: Effective Date:
In the matter of the Estate of: Who is: Deceased, Minor, Incompetent Date of Death, Date of Birth, Date declared Incompetent: Is there a will?
Bond Filed in: SUPERIOR Court County, State of: CA Date of Appointment: Probable Duration of Trust:
Is Principal: Sole or Principal beneficiary of estate? If Yes to any answers, please provide responses on a separate sheet.
Controls imposed on estate assets: Has Court approved support allowance for family or wards? Blocked Accounts? Other Safeguards

3 PERSONAL INFORMATION Individual's Name: Relationship To Ward Social Security #: Date of Birth:
Occupation: Employer and Business Address: Business Phone:
Spouse's Name: Social Security #: Date of Birth:
Residence Address: City: State: Zip Code: Residence Phone:
Are You the Trustee, Trustor or Beneficiary of any Trust? Ever Declared Bankruptcy? Pending or Prior IRS Liens? Any Lawsuits Pending Against You? Ever Failed in Business?
Estimated Personal Net Worth: If the bond limit is \$250,000 and above, please submit personal financial statements.

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...

Table with columns: Name, Age, Relationship, Address

- 6. Has another bonding company declined this bond?
7. Are you replacing a prior fiduciary?
8. Does this bond replace another bond?
9. Is there an on-going business in the Estate?
10. Are you indebted to the Estate?
11. Have you had prior custody of assets in any capacity?
12. Will Joint Control be exercised?

13. Attorney Information:

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

*All information furnished on this data sheet 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 home office, PO Box 5900, Madison WI, 53705-0900. 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.

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.

Signed and dated this _____ day of _____, 2013.

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):

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