



THE
PROSURE GROUP
INC.

Guardianship Bond Application

Thank you for giving **The ProSure Group, Inc.** the opportunity to assist you with your bond needs!

To follow is a checklist of items we'll need in order to establish a surety relationship with your firm. As you may know, applying for a bond is applying for credit. Because of this, the application process may be very similar to applying for a loan. Once we receive complete information from you, we will work with the surety or sureties that best fit your needs.

Please forward the following information:

- **Court Documentation** – Please provide the court order showing the appointment/bond requirement. The order does not have to be signed by the judge at this time.
- **Attached Checklist**

Please note, we may ask for additional information during the underwriting process. Upon approval of your application, a signed and dated General Indemnity Agreement will be required.

(Please make sure that this information is complete in order to avoid any delays. Otherwise, feel free to call us with any questions you may have, we're happy to assist!)

Applicant Information

Full Legal Name to Appear on Bond (This should be exactly as it appears on the Court Documentation)				
Mailing Address		City	State	Zip
Telephone #	Fax #	Email Address		Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Employer Name		What is your occupation?	How long have you been involved?	
Social Security #	Date of Birth	If married, please provide Spouse's full legal name <input type="checkbox"/> Single <input type="checkbox"/> Married		
How did you hear about us?	Estimated Personal Net Worth \$	Are you the sole beneficiary of the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of your appointment	What is your relationship to the Ward?

Bond Information

What Is the Bond Amount Needed?	Effective Date Requested (If this is left blank, the bond will be effective upon issuance)	What is the name of the Ward?		
Is the Ward a <input type="checkbox"/> Minor <input type="checkbox"/> Incompetent	Age of the Ward	Where does the Ward reside?	Probable duration of bond	
Name & Address of your Attorney Firm				
Contact Name & Phone number at your Attorney Firm				

Please provide the estimated amount of estate assets:

Cash: \$	Stocks/Bonds: \$	Personal Property: \$	Real Property: \$	Estimated Estate Debts: \$
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Please provide a listing of the heirs/beneficiaries involved (attach list if more space is needed):

Name	Age	Relationship to deceased	Share of Estate	Residence (State)

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7217 Benjamin Road, Tampa, FL 33634 | Ph 813.243.1110 | Fx 813.243.1109 | www.prosuregroup.com
Email commercialbonds@prosuregroup.com

Please answer the following questions (Please explain all YES responses):

- Are you the trustee, trustor, or beneficiary of any trust? Yes No
- Are there any lawsuits or judgments pending against you? Yes No
- Have you ever declared bankruptcy? Yes No
- Do you have any pending or prior IRS liens? Yes No
- Are you a citizen from any country other than the U.S.? Yes No
- Have you ever been convicted of a felony? Yes No
- Has any other bonding company declined this bond request? Yes No
- Are you replacing a prior guardian? Yes No
- Does this bond replace another bond? Yes No
- Will any assets be under court restrictions? Yes No
- Are you indebted to the Estate? Yes No
- Have you had prior custody of assets in any capacity? Yes No
- Will joint control be used to restrict expenditures or distribution of assets? Yes No
- Will professional accounting, investment or legal services be provided on an ongoing basis? Yes No
- Does the presiding court require than an annual accounting be filed? Yes No

Personal Financial Information

(Only required when bond amount exceeds \$250,000)

Name _____		Statement as of _____	
Cash on hand and in banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Retirement Acct.	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Unpaid Taxes	\$ _____
Real Estate (complete section below)	\$ _____	Mortgages On Real Estate	\$ _____
Automobile – Present Value	\$ _____	Other Liabilities	\$ _____
Other Personal Property	\$ _____	Total Liabilities	\$ _____
Other Assets	\$ _____	<i>Net Worth (Assets less Liabilities)</i>	\$ _____
Total	\$ _____	Total	\$ _____

Real Estate Owned (Use attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$ _____	\$ _____	\$ _____
Present Market Value	\$ _____	\$ _____	\$ _____
Mortgage Holder			
Mortgage Balance	\$ _____	\$ _____	\$ _____

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned’s financial standing, credit, character, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.
 Florida Statutes, Section 817,234(1) (b), “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree.”

Signature: _____ Printed Name: _____ Date: _____

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Guardianship Bond Application Checklist

We have learned through experience fewer losses are incurred when our principal has a good understanding of their obligations/responsibilities to the court and to the surety. Therefore, the principal should initial all items and sign at the bottom. This is for the benefit of both the surety and the guardian.

Date: _____

I have been appointed or anticipate being appointed _____.

In general, I agree that my duties are as follows:

- _____ 1. I agree to keep the ward's funds separate from my own.
- _____ 2. I will put the ward's funds in a separate checking or savings account and will make payments by check.
- _____ 3. I will not sell or give away any of the ward's property without a court order.
- _____ 4. I will not spend any of the principal (corpus) for any purpose without a court order, but the annual income can be spent upon the ward without a court order.
- _____ 5. I must keep the Court and Surety informed of any change in my name, address, or phone number.
- _____ 6. I agree to file an annual accounting, if required by the Surety or Court, in a timely basis.

Initial For Guardianship of Minors Only:

- _____ 1. I will inform the Court and Surety of any change of location of the ward.
- _____ 2. If I still have any of the ward's property when the ward reaches age 18, I will then turn over such property to the ward, and file a final return, together with a copy of the receipt, with the court.
- _____ 3. Once the Court has dismissed me, I will file a copy of the Order of Discharge with the Surety.
- _____ 4. Florida law requires me to file an annual return within 60 days after each anniversary of the date of the Letters of Guardianship, showing all receipts and disbursements, accompanied by an affidavit certifying that the original vouchers (checks) have been compared with the items on the return, and that the return is correct. I do understand this requirement.

Initial For Guardianship of Incompetent Only:

- _____ 1. Upon the death of the ward, I will petition the court to be dismissed as guardian and I will file a final return.
- _____ 2. I will supply the surety with a copy of the Order of Discharge as well as the final return.
- _____ 3. I agree to remit the surety's annual premium on a timely basis.
- _____ 4. Florida law requires me to file an annual return within 60 days after each anniversary of the date of the Letters of Guardianship, showing all receipts and disbursements, accompanied by an affidavit certifying

I have read the above instructions and I have agreed to comply to them by initialing each item. If have any questions I will contact my attorney or the Court.

Sincerely,

(Signature)

(Printed Name)

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