

COURT BOND CHECK LIST.

1. Court bond application (attached): Must be completed in full, dated & signed as indicated.
2. Current personal financial statement. (and).
Business financial statement. (if applicable).
3. Court documents (any and all documents relating to the case). [Click Here](#)
4. Complete explanation from the applicant and/or attorney of the case.
5. Bank verifications (upon request)
6. If stop notice or mechanic's lien: provide complete address of contractor:

Note: Cash collateral may be required on some bonds. The amount and type of collateral will be determined by the surety company.

If you should have any questions, please feel free to call our toll free number

2a	Complete for Administrator, Executor, Personal Representative, etc.
Date of Death: _____	
Is the estate insolvent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any disputes among the heirs?	<input type="checkbox"/> No <input type="checkbox"/> Yes

2b	Complete for Guardianship, Conservatorship, Trustee, etc.
This is in regard to a: <input type="checkbox"/> Minor <i>and/or</i> <input type="checkbox"/> Incompetent <input type="checkbox"/> Beneficiary Age: _____	
Where does minor/incompetent reside? _____	
Will any assets be under court restrictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, provide details: _____	
Will joint control be used to restrict expenditures or distributions of assets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will professional accounting, investment or legal services be provided on an ongoing basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the presiding court require that annual accounting be filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the estimated duration of the bond anticipated to be longer than 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes

3	Receiver, Bankruptcy Trustee, Assignee Bonds
Debtor: _____	
Address: _____	
Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of Rents <input type="checkbox"/> Other	
Do you carry Fidelity coverage?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, in what amount? _____	Carrier: _____
Do you carry Professional Liability or E & O coverage?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, in what amount? _____	Carrier: _____
	<input type="checkbox"/> Copies attached
Attach copy of Court Order, Judgment and/or other documents	

4	Court: Judicial Bonds
Judgment/Claim Amount: _____	
Type of Action: _____	
Case Number: _____	Court Jurisdiction: _____
Attorney's name and address: _____	
Summary of the Action: _____	
Does the case involve a domestic dispute?	<input type="checkbox"/> No <input type="checkbox"/> Yes