

PROBATE BOND DATA SHEET*

Date _____

1 AGENT/BROKER INFORMATION	Agency/Broker Name: _____	Phone #: _____	Fax #: _____
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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: _____			Is there a will? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Who is: <input type="checkbox"/> Deceased ⇒ Date of Death: _____				
<input type="checkbox"/> Minor ⇒ Date of Birth: _____				
<input type="checkbox"/> Incompetent ⇒ Date declared Incompetent: _____				
Bond Filed in: Court _____ County, State of: _____			Date of Appointment: _____ Probable Duration of Trust: _____	
Is Principal: Sole or Principal beneficiary of estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blocked Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Safeguards <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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...

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>

6. Has another bonding company declined this bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please explain all Yes responses. _____
7. Are you replacing a prior fiduciary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
8. Does this bond replace another bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
9. Is there an on-going business in the Estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
10. Are you indebted to the Estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
11. Have you had prior custody of assets in any capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
12. Will Joint Control be exercised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

- 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 ____, 2____.

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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