

# Probate Application

Thank you for giving **Integrity Bonds** the opportunity to assist you with your bonding needs.

We may ask for additional information or clarification of certain aspects of your company during the underwriting process. Upon approval of your account, a signed and dated General Indemnity Agreement will be required. Please feel free to call us with any questions you may have about the above information.

Effective Date: \_\_\_\_\_

Type of Bond: \_\_\_\_\_ Amount: \_\_\_\_\_

Who is requiring the Bond (Obligee): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

### **[If Applicable]**

% Owned: \_\_\_\_\_ Years Owned Business: \_\_\_\_\_ Related Experience: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

### **[If Applicable]**

% Owned: \_\_\_\_\_ Years Owned Business: \_\_\_\_\_ Related Experience: \_\_\_\_\_

## Attorney Information

Attorney Firm Name: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Long Has Attorney Known Applicant? \_\_\_\_\_

## Estate Information

Case Number: \_\_\_\_\_

Name of Decedent: \_\_\_\_\_

Applicants Relationship to Deceased: \_\_\_\_\_

### **Integrity Bonds**

Toll Free Phone 866-420-2613

Fax 480-452-1730

Page 1 of 3

PO Box: 54338 Phoenix, AZ 85078

E-Mail: [Info@IntegrityBonds.com](mailto:Info@IntegrityBonds.com)

Website Address: [WWW.IntegrityBonds.Com](http://WWW.IntegrityBonds.Com)

Date of Death: \_\_\_\_\_  
Estimated Share of Estate: \_\_\_\_\_  
Estimated Estate Assets: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Stocks / Bonds: \_\_\_\_\_  
Personal Property: \_\_\_\_\_  
Real Property: \_\_\_\_\_  
Estimated Estate Debts: \_\_\_\_\_

**Conservatee, Ward, or Trust Beneficiary**

Name of Conservatee, Ward, or Trust Beneficiary: \_\_\_\_\_  
The Age or D.O.B. of the Conservatee, Ward, or Trust Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicants relationship to Conservatee, Ward, or Trust Beneficiary: \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Information (if Applicable)**

Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Federal ID#: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-Mail Address: \_\_\_\_\_  
Type of Business:  Individual  Partnership  Corporation  Other: \_\_\_\_\_  
Date Business Was Started: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
List any other related, affiliated, subsidiary entities or other DBA's of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
If any owners have other equity interests, describe: \_\_\_\_\_

## Personal Financial Information

All Owners with a 10% interest or more must complete the following:

Owner's 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)	
Life Insurance – Cash Surrender Value Only		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (complete section below)		Mortgages On Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		<b>Total Liabilities</b>	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
<b>Total Assets</b>		<b>Total Net Worth &amp; Liabilities</b>	

**Real Estate Owned** (Used 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			
Payment Per M/Y			

I authorize Integrity Bonds/ 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 prosecution. "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 may be found guilty of a criminal and/or civil offense."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Integrity Bonds**

Toll Free Phone 866-420-2613

Fax 480-452-1730

Page 3 of 3

PO Box: 54338 Phoenix, AZ 85078

E-Mail: [Info@IntegrityBonds.com](mailto:Info@IntegrityBonds.com)

Website Address: [WWW.IntegrityBonds.Com](http://WWW.IntegrityBonds.Com)