

## Fiduciary Bond Commercial Surety Application

Type of Bond: \_\_\_\_\_  
(Attach a copy of the bond form, if available)

Agency (required): \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Agency City: \_\_\_\_\_ Agency State: \_\_\_\_\_

Bond Amount: \$ \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_ Bond Term, if known: \_\_\_\_\_  
# of years

Applicant is: (select one)  Individual  Partnership  C-Corp  S-Corp  LLC  \_\_\_\_\_

Applicant (Principal): \_\_\_\_\_  
 Name to appear on Bond: \_\_\_\_\_  
 Applicant's Business Address: \_\_\_\_\_  
 Applicant's Business Description: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_ SS#: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_  
 U.S. Citizen?  No  Yes Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

Does the Applicant have any other Surety bonds in force with any other Surety company? .....  Yes  No

Has another Surety company declined to write this or any previous bond? .....  Yes  No

Have you ever had a bond involuntarily terminated or cancelled? .....  Yes  No

Has there ever been a claim or legal action against any bond executed on your behalf?.....  Yes  No

Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? .....  Yes  No

Have you or any of your companies declared bankruptcy or become insolvent? .....  Yes  No

Have you or any of your companies been the subject of any legal or administrative proceedings resulting  
 in disciplinary action? .....  Yes  No

Have you ever been convicted of a felony? .....  Yes  No

### Fiduciary Bonds

Applicant's Age: \_\_\_\_\_ Applicant's Stated Net Worth: \$ \_\_\_\_\_ Are you employed?  Yes  No How long? \_\_\_\_ years

Date of your appointment: \_\_\_\_\_ Name of the Estate: \_\_\_\_\_

What is your relationship with the deceased/incompetent/beneficiary? \_\_\_\_\_

Are you indebted to the estate?  Yes  No If yes, what are terms of repayment? \_\_\_\_\_

Attorney's Name & Address: \_\_\_\_\_

Court Jurisdiction (Obligee): \_\_\_\_\_

Is there an ongoing business?  Yes  No If yes, details: \_\_\_\_\_

What comprises the estate? Cash \_\_\_\_\_ Securities \_\_\_\_\_ Real Estate \_\_\_\_\_ Other \_\_\_\_\_

Names of Heirs / Beneficiaries:

1. _____	Age: _____	Relationship: _____	Resident State: _____
2. _____	Age: _____	Relationship: _____	Resident State: _____
3. _____	Age: _____	Relationship: _____	Resident State: _____
4. _____	Age: _____	Relationship: _____	Resident State: _____
5. _____	Age: _____	Relationship: _____	Resident State: _____

**Copy of the will, trust or court order required – please attach to application.**

*Administrator / Executor / Personal Representative Bonds:*

Date of Death: \_\_\_\_\_ Is the estate insolvent?  Yes  No Are there any disputes among the heirs?  Yes  No

*Guardianship / Conservatorship / Trustee in Equity Courts:*

This bond is for a  Minor  Incompetent  Beneficiary Age: \_\_\_\_\_

Address of minor/incompetent/beneficiary: \_\_\_\_\_

Assets under court restrictions?  Yes  No If yes, details: \_\_\_\_\_

Is joint control being used for distributions / expenditures?  Yes  No

Does the court require an annual accounting?  Yes  No

What is the estimated duration of the bond? \_\_\_\_\_ years

*Receivers / Bankruptcy Trustee / Assignee for the Benefit of Creditors:*

Debtor: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Action:  Liquidation  Reorganization  Receiver of Rents  Other: \_\_\_\_\_

Applicant's Fidelity Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

Applicant's Professional Liability or E&O Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

**Copy of Court Order, Judgment(s), or other supporting documents should be attached to application.**

**Statement of Financial Condition (Business or Personal)**

Cash	\$ _____	Unsecured Debt	\$ _____
Marketable Securities	\$ _____	Current Bills Due	\$ _____
Real Estate	\$ _____	Real Estate Mortgages	\$ _____
Cash Value of Life Ins.	\$ _____	Secured Debt	\$ _____
Business Ventures	\$ _____	(other than real estate)	
Note Receivable	\$ _____	Taxes Payable	\$ _____
Personal Property	\$ _____	Other Debt	\$ _____
Automobiles	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
Other Assets	\$ _____		
<b>TOTAL ASSETS</b>	\$ _____	<b>NET WORTH</b>	\$ _____

Application Completed By:

Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

The applicant and indemnitors hereby request Frankenmuth Mutual Insurance Company and any affiliated company, their successors, or assigns to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion. Upon approval of any bond(s), the applicants and indemnitors will receive an e-mail with instructions on how to execute an indemnity agreement through an e-signature process, including instructions on how to review the indemnification agreement prior to execution.

Please speak with your agent for additional details.