



**PROBATE AND FIDUCIARY BONDS APPLICATION**

Type of Bond \_\_\_\_\_  
 Hearing Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bond No. \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Premium \$ \_\_\_\_\_  
 Case No. \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN  
 DETAIL BEFORE BOND IS APPROVED FOR FILING.**

**For Office Use Only**  
**DESCRIPTION BY DATE**

Estate Name \_\_\_\_\_

UNDERWRITTEN \_\_\_\_\_  
 REVIEWED \_\_\_\_\_  
 APPROVED \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Your Net Worth \$ \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer/Retired \_\_\_\_\_ Position/Previous Position \_\_\_\_\_

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

Tel. # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Do you own a home? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_

Your Bank \_\_\_\_\_ Bank Account# \_\_\_\_\_

Bank Address \_\_\_\_\_

What is your relationship to Decedent/Conservatee/Minor \_\_\_\_\_

What is your share of this estate (Decedents estate only) \_\_\_\_\_

Have you had a criminal conviction? \_\_\_\_\_ Lost a civil judgment? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you or your souse filed a personal bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you indebted to Decedent/Conservatee? \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_

Secured? Yes \_\_\_\_\_ No \_\_\_\_\_ How? \_\_\_\_\_

Title/Location of the Court \_\_\_\_\_ District Court # \_\_\_\_\_

How often will accounting be filed? \_\_\_\_\_

Attorney handling this case \_\_\_\_\_

Law Firm \_\_\_\_\_ Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

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

**ESTATE INFORMATION**

Name of Decedent/Conservatee/Minor \_\_\_\_\_

Date of Birth of Conservatee/Minor \_\_\_\_\_

Estate Cash \_\_\_\_\_ Securities \_\_\_\_\_ Real Property \_\_\_\_\_

Other Assets \_\_\_\_\_ Annual Income (All Sources) \_\_\_\_\_

Bank where Estate Account will be opened \_\_\_\_\_

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

Where will securities be kept? \_\_\_\_\_  
(Safe deposit box, Brokerage- Including Name and Address)

Does the estate contain a going business? \_\_\_\_\_ If yes, name \_\_\_\_\_

Type \_\_\_\_\_ Will it be continued? \_\_\_\_\_

If yes, do you understand you must have a court order to continue business? \_\_\_\_\_

Do you understand that the first year's premium is not refundable? \_\_\_\_\_

Do you understand all increases and reductions of the bond must be ordered by the court? \_\_\_\_\_

Do you understand the bond is in effect until a final discharged is signed by the judge and a copy delivered to the Surety? \_\_\_\_\_

Do you understand the bond premium is to be paid annually? \_\_\_\_\_

Do you understand you must retain an attorney throughout the administration of the estate/conservatorship? \_\_\_\_\_

When applicable, do you understand that before collateral can be returned there must be no possibility of opposition or appeal and that we must be served with a copy of the Final, order Final Judgment, or Stipulation exonerating the bond, signed by the parties? \_\_\_\_\_

**INDEMNITY AGREEMENT – READ CAREFULLY AND SIGN**

The undersigned Applicant and Indemnitor certifies that all the foregoing answers given are truth without reservations and are made to induce the Surety to become Surety on any or all bond(s) required to be posted by the Principal name herein as a result of his duties and obligations in administering the above-mentioned Estate. In consideration of the Surety executing any such bond(s) as may be required of Principal, the undersigned agrees as follows:

1. To reimburse Lincoln General Insurance Company ("Surety") upon demand for all payments made for and to indemnify Surety from:
  - a) all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
  - b) to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.
  - c) Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
2. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in York, Pennsylvania and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in York, Pennsylvania.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records. Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactory discharged from liability pursuant to the terms and conditions contained herein and in the

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE, APPLICANT