



"All Your Insurance Needs . . . Under One Roof"

400A Franklin St. Braintree, MA 02184

Telephone No: 781-843-7000 Fax No: 781-848-6100

Commercial Bond Application

Applicant Name:		FEIN/SSN:	Married <input type="checkbox"/> Single <input type="checkbox"/>
Home Address:		City/State:	Zip Code:
Phone Number:	Home Email:	Business Email:	
Business Address:		City/State:	Zip Code:
Type of Business or Individual's Occupation:			Years in Business:
Type of Business: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other <input type="checkbox"/>			
Owner or Co-Applicants or Indemnitors			
Name & Address:		SSN:	% of Ownership:
Name & Address:		SSN:	% of Ownership:
Name & Address:		SSN:	% of Ownership:
Obligee Name:		Obligee Address:	
Type of Bond:	Amount of Bond:	Effective Date:	
Previous Surety: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name and reason for change:		
Other Surety Bonds in force: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide the name of Surety:		

Type of Bond Required

License & Permit (Financial Statement necessary if state Oblige or over \$25,000)

New Worth:	Liability insurance carried: Yes <input type="checkbox"/> No: <input type="checkbox"/> Limits:	Property insurance carried: Yes <input type="checkbox"/> No <input type="checkbox"/> Limits:
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Probate (Financial Statement necessary at the Underwriters discretion) **Please attach court papers to application**

Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative <input type="checkbox"/> Guardian or Conservator of Minor <input type="checkbox"/> Guardian or Conservator of Incapacitated Person <input type="checkbox"/> Other <input type="checkbox"/>			
Name of Deceased or Ward:	Date of death:	Date of appointment:	Is applicant indebted to the Estate or Trust? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes explain below.
If yes, please explain:			
Name of Attorney:		Address:	
Will the Attorney remain involved throughout the duration of the Estate?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Assets of the Estate or Trust, please describe:	
Name of minor(s) or incapacitated person:	Age:	Applicant's relationship to deceased or ward:	Net Worth:
Are guardianship funds to be used for support of ward?: Yes <input type="checkbox"/> No <input type="checkbox"/> Approximately how much per month:		What is the source of guardianship funds:	
Who are heirs to the estate:			
Will the business of the estate be continued by Fiduciary: Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:		Is this bond required on the demand of an interested person: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and location of Court:			County:
What is the applicants experience in handling fiduciary obligations:			

Fiduciary (Financial Statement necessary if over \$50,000)

Referee Receiver Trustee

Plaintiff:

Name/Address of Plaintiff Attorney:

Defendant:

Name/location of court:

Net Worth:

Court (Financial Statement necessary) **Please attach court papers to application**

Replevin Attachment Garnishment Other

Name and location of Court:

Name of Defendant:

Name/Address of Attorney:

If an injunction or Restraining Order Bond, does the Applicant anticipate a foreclosure or collection action?:
Yes No

Explain the purpose of the Bond (Submit a copy of relevant documents):

Public Official (Financial Statement necessary if over \$50,000)

Elected Appointed
Date:

Term of office
From: To:

Premium will be paid:
Annually For term

Will applicant sign checks:
Yes No
If Yes, is a countersignature required:
Yes No

Are Accounts recorded monthly:
Yes No

Are regular audits performed: Yes No

Do you employ Deputies: Yes No

By whom:

By whom:

If Yes, are they bonded: Yes No

How frequent:

Date of last audit:

Lost Securities (Financial Statement necessary if over \$10,000)

Serial Number and description:
(Please submit a copy or sample of the form it was on)

Describe manor of loss:

Date of instrument:

Payable to applicant only: Yes No

If No, who is it payable to:

Are securities endorsed: Yes No

If a check, has payment been stopped:
Yes No

If a deed of trust or note, has either been involved in a lawsuit:
Yes No
Was a judgement obtained: Yes No

Additional comments regarding bond application: