
American Eagle Bonding Agency, Inc. dba Chelsea Insurance Services

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4121 E. Valley Auto Dr, Suite 109
Mesa, AZ 85206

Tel. (800) 562-8962 or (480) 985-1618
Fax. (480) 985-2572 or (480) 985-2209

1. PLEASE INCLUDE ANY COURT ORDERS APPOINTING THE PERSON AND THAT SHOWS THE BOND AMOUNT.

2. ALSO INCLUDE A LIST OF THE ASSETS INVOLVED

3. INCLUDE A PERSONAL FINANCIAL ON THE PERSON WHO IS THE EXECUTOR, GUARDIAN, OR CONSERVATOR

PROBATE BOND APPLICATION*

Date: _____

1. AGENT/BROKER INFORMATION	Agency/Broker Name: AMERICAN EAGLE BONDING AGENCY, INC	Producer #	Phone #: 480-985-1618	Fax #: 480-985-2572
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2. CASE INFORMATION	Type of Bond (Attach Bond Form):	Amount of Bond ♦:	Amount of Estate:	Effective Date:
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In the matter of the Estate of:	Is there a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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:
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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.
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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
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3 PERSONAL INFORMATION	Individual's Name:	Relationship To Ward:	Social Security #:	Date of Birth:
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Occupation:	Employer and Business Address:	Business Phone:
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Spouse's Name:	Social Security #:	Date of Birth:
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Residence Address:	City:	State:	Zip Code:	Residence Phone:
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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
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Estimated Personal Net Worth: \$ _____	♦If bond penalty exceeds \$250,000, submit personal financial statements. No tax returns, please.
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- 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...

Name	Age	Relationship	Address
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|--|------------------------------|--------------------------|-----------------------------------|
| | Yes | No | Please explain all Yes responses. |
| 6. Has another bonding company declined this bond?
(Not Applicable in MO) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Are you replacing a prior fiduciary? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Does this bond replace another bond? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Is there an on-going business in the Estate? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Are you indebted to the Estate? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Have you had prior custody of assets in any capacity? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. Will Joint Control be exercised? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13. Attorney Information: | | | |
| a. Attorney Name: _____ | b. Firm Name _____ | | |
| c. Address: _____ | d. Attorney Phone/Fax: _____ | | |
| e. How long has the attorney known the Applicant? _____ | | | |

**All information furnished on this application will be utilized and relied upon for the issuance of any bonds on or after the date above.*

Notice To Vermont Applicants: "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 may subject such person to criminal and civil penalties.

Signed and dated this _____ **day of** _____ , _____

Principal/Indemnitor's Signature: X	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature: X	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number:

