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 OFFICE ADDRESS: 1641 Metropolitan Circle, Suite A, Tallahassee, FL 32308  
 T/F No.: 800.274.2663 FAX: 800.587.4726  
 E-Mail: BondInfo@Jurisco.com Website: www.JURISCO.com  
 William R. Hanley, Lic.# A110159

## PROFESSIONAL GUARDIAN BOND APPLICATION

**Please Note:** All information in this application must be complete for Applicant. Include full names(s), Social Security numbers, spouse's legal name, complete street addresses with zip codes, and phone numbers with area codes.

### PLEASE TYPE OR PRINT LEGIBLY

Name of Applicant: \_\_\_\_\_  
 (as it is to appear on bond)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ FL, ZIP Code: \_\_\_\_\_  
 Business Phone No. (\_\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_\_) \_\_\_\_\_  
 Tax ID No. or Soc. Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_; Married?  Yes  No  
 Home Address: \_\_\_\_\_  
 Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Bond Amount:** \$50,000, to be filed in \_\_\_\_\_, County of \_\_\_\_\_, Florida  
 Other Counties where Guardian will be appointed: \_\_\_\_\_

**HAS APPLICANT EVER:** 1. Been Convicted of a Felony?  Yes  No; 2. Filed for Bankruptcy?  Yes  No; 3. Had a Bond canceled?  Yes  No  
 4. Have any Prior or Pending IRS Tax Liens?  Yes  No; 5. Have any Prior or Pending Lawsuits?  Yes  No;  
 6. Had a Claim made Against any Prior Surety Bond?  Yes  No. (If the answer is **YES** to any of these questions, attach a detailed explanation.)

Years of experience as Guardian \_\_\_\_\_ Highest level of education \_\_\_\_\_

List all Association/Trade Membership(s): \_\_\_\_\_

Special Guardianship Education courses completed: \_\_\_\_\_

Name, address and Social Security No. of all employees in direct contact with ward: \_\_\_\_\_

### ACCOUNTING INFORMATION: (on you and/or your business)

Name of Accounting Firm \_\_\_\_\_

Accountant \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

Date of Year-End \_\_\_\_\_ How often are financial statements prepared? \_\_\_\_\_



**BANK CONFIRMATION**

**JURISCO of Florida, Inc., Agent**  
Post Office Box 12939  
Tallahassee, FL 32317-2939  
800.274.2663 · FAX: 800.587.4726

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone:(\_\_\_\_\_) \_\_\_\_\_ FAX No:(\_\_\_\_\_) \_\_\_\_\_  
(Required)

I hereby authorize my bank to release the below requested information to JURISCO in order to expedite the underwriting of my bond submission. I agree to pay all cost associated with this verification.

**Please Note That this Authorization Is to Remain in Effect at All Times for Oral and Written Request.**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature)

Account No.: \_\_\_\_\_  Business  Personal  
Account Name: \_\_\_\_\_

**BELOW TO BE COMPLETED BY BANK**

Current Amount of Deposit: \$ \_\_\_\_\_  
Average Bank Account Balance: \$ \_\_\_\_\_  
Bank Line of Credit:  NO  YES Amount: \$ \_\_\_\_\_  
If yes, please indicate amount of available Line of Credit: \$ \_\_\_\_\_.  
Remarks: \_\_\_\_\_  
Confirmed by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date: \_\_\_\_\_

Please Return This Form To:

*Thank You for Your Attention to this Request*