



NICHOLAS A.HANLEY LIC#: W062005

## CONSERVATOR OF INCAPACITATED OR INCOMPETENT PERSON BOND APPLICATION

**Please Note:** All information requested in this application must be complete. Include full names(s), Social Security numbers, complete street addresses with zip codes and phone numbers with area codes. Please attach a copy of the petition and appointment order.

### PLEASE TYPE OR PRINT LEGIBLY

Name of Applicant (to Appear on Bond): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Applicant's last year of education completed: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Describe the condition that created the incapacity: \_\_\_\_\_

Does Estate include a Business? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has a Bond been issued in this Estate before? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is Applicant indebted to Estate? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is there any dissention relative to the Estate? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is Applicant a Professional Conservator? \_\_\_\_\_ Is Applicant a US Citizen? \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will the Attorney remain with the Estate until is concluded? \_\_\_\_\_



Name of Oblige: \_\_\_\_\_ Bond Amount: \_\_\_\_\_  
 Court to be filed in? \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Name of Ward: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**FINANCIAL STATEMENT OF APPLICANT**

If applying on behalf of corporation attach accountant’s Financial Statement, to include Balance Sheet and Profit & Loss Statement.

**Statement of Applicant’s Assets and Liabilities as of (Date):** \_\_\_\_\_

ASSETS		LIABILITIES	
Cash (Including Savings):		Notes Payable:	
Stocks and Bonds:		Credit Card Balance:	
Notes Receivable:		All Taxes Payable:	
Real Estate (Fair mkt. Value):		Mortgages Payable:	
All Other Assets:		All Other Liabilities:	
Total Assets:		Total Liabilities:	
<b>Net worth (Total Assets - Total Liabilities):</b>			



**INDEMNITY AGREEMENT**

The undersigned, hereinafter called the Indemnitor(s) (if there be more than one Indemnitor they jointly and severally and for each other do) hereby undertake, represent, warrant and agree as follows:

That the foregoing statements made and answers given in the submitted application are the truth without reservation, and are made for the purpose of inducing the surety, hereinafter referred to as the Company, to execute or procure the execution of a certain bond or undertaking herein applied for. That this Agreement shall apply to the bond or undertaking herein applied for, and any and all extensions, increases, modifications or renewals thereof, or additions or substitutions therefore, any and all such instruments separately and collectively being hereinafter called the Bond. That the Indemnitor(s) shall pay all premiums and renewal premiums as may become due until the Company shall be discharged and released from any and all liability and responsibility under the Bond. That the Indemnitor (s) shall at all times indemnify, save the Company harmless from, and place the Company in funds to meet any claim, demand, loss, liability, costs, charge, attorney's fee, expense, suit order, judgment, or adjudication arising from the existence of the Bond. That if the Company shall set up a reserve to cover any claim, demand, loss, liability cost, charge, attorney's fee, expense, suit, order judgment or adjudication arising from the existence of the Bond the Indemnitor(s) shall, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security for the Bond obligation. That the Company shall have exclusive right to determine for itself and the Indemnitor(s) whether any claim or suit brought against the Company or the Principal, as a result of the existence of the Bond, shall be settled or defended and its decision shall be binding and conclusive upon the Indemnitor(s). That this Agreement shall bind the heirs, executors, administrators, successors and assigns of the Indemnitor(s). That nothing herein contained shall be in derogation of any right remedy which the Company might have independently hereof.

*\*NOTE: By submitting an application for consideration of a Surety bond, you are authorizing Jurisco, Inc. and the Company to review your personal and/or business credit history for the purposes of underwriting and from time-to-time after the initial bond(s) have been issued.*

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

Signed and dated this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**IF APPLICANT is an INDIVIDUAL, Sign here:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**IF APPLICANT is a CORPORATION, LIMITED LIABILITY COMPANY or a PARTNERSHIP, Sign here:**  
(Personal "Third Party Indemnity" of a major shareholder, managing member or partner is required below.)

Signature: \_\_\_\_\_

(Authorized person Corporate Officer or Managing Partner)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**IF THIRD PARTY INDEMNITOR(S), Sign here:**

In consideration of Surety executing the bond here in above applied for, I join in the forgoing indemnity agreement:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address (Street, City, State & Zip Code): \_\_\_\_\_