



**MAILING ADDRESS:** PO Box 12939, Tallahassee, FL 32317-2939  
**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

## Guardian 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(as to Appear on Bond)

Address

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 Guardian?

Is Applicant a US Citizen?



www.jurisco.com - (800).274.2663

Applicant's Attorney  email

Address

City  State  Zip Code

Phone  Fax Number

Will the Attorney remain with the Estate until is 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

Attach accountant's Financial Statement, including Profit & Loss Statement. If none available, complete below.

Statement of Applicant's Assets and Liabilities as of: (Date)

Cash (Including Savings)	<input type="text"/>	Notes Payable	<input type="text"/>
Stocks and Bonds	<input type="text"/>	Credit Card Balance	<input type="text"/>
Notes Receivable	<input type="text"/>	All Taxes Payable	<input type="text"/>
Real Estate (Fair Mkt. Value)	<input type="text"/>	Mortgages Payable	<input type="text"/>
All Other Assets	<input type="text"/>	All Other Liabilities	<input type="text"/>
		Total Liabilities	<input type="text"/>
Total Assets	<input type="text"/>	Net Worth (TA- TL)	<input type="text"/>



### 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.

"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."

Dated

Signed By:

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

IF **THIRD PARTY INDEMNITOR(S)**, sign here: In consideration of Surety executing the bond hereinabove applied for, I join in the forgoing indemnity agreement.

Signature:

Full Name  SSN

Address

City  State  Zip Code