

NICHOLAS A.HANLEY LIC#: W062005

ESTATES OF DECEASED PERSONS - BOND APPLICATION

Administrators, Curators, Executors or Personal Representatives

PLEASE TYPE OR PRINT LEGIBLY

Name of Applicant (to Appear on Bo	nd):		
		Email:	
City:	State:	Zip Code:	
Home Phone:	Work Phone:	SSN:	
Occupation:		Number of Years:	
Relationship to Deceased:			
Does Estate include a Business?		If yes, explain:	
Has a Bond been issued in the Estate before?		If yes, explain:	
Is Applicant indebted to Estate?		If yes, explain:	
Is there a Will? (If yes, attach):		Is Applicant a US Citizen?	
Is there dissension among the heirs?		If yes, explain:	
Applicant's Attorney:		Email:	
Address:			
		Zip Code:	
Will Attorney remain with the estate	e until it is concluded	? Yes No	
Type of Bond:		Bond Amount:	
Name of Deceased:		Date of Death:	
County:		State:	



FINANCIAL STATEMENT OF APPLICANT

(For <u>Individual Applicants</u> only. If applying on behalf of a company, attach CPA prepared Financial Statement, including Balance Sheet and Profit & Loss Statement)

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 Liabilities:

Note: Please Provide Copy of the Petition and Appointing Order.

Net worth (Total Assets - Total Liabilities):

Total Assets:

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

P.O.BOX 12939, Tallahassee, FL 32317-2939, T/P No.: 800-274-2663, Email: bondinfo@jurisco.com, www.jurisco.com



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 APP	PLICANT is an INDIVIDUAL, Sign	here:
Signature:		
Print Name:	SSN:	
IF APPLICANT is a CORPORATION	N, LIMITED LIABILITY COMPAN	Y or a PARTNERSHIP, Sign here:
(Personal "Third Party Indemnity" of a	a major shareholder, managing r	member or partner is required below.)
Signature:		
(Aut	thorized person Corporate Officer or Ma	naging Partner)
Print Name:	Title:	
IF THIR	RD PARTY INDEMNITOR(S), Sign	here:
In consideration of Surety executing the b	ond here in above applied for, I	join in the forgoing indemnity agreement:
Signature:		
nt Name:		