



NICHOLAS A.HANLEY LIC#: W062005

## 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 (to Appear on Bond): \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

SSN or TAX Id: \_\_\_\_\_ D-O-B: \_\_\_\_\_ Married? Yes No

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

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bond Amount: \$50,000 to be filed in: \_\_\_\_\_ County of \_\_\_\_\_ Florida

Other Counties where Guardian will be appointed: \_\_\_\_\_

### **Has Applicant Ever:**

Been Convicted of a Felony? Yes No

Filed for Bankruptcy? Yes No

Had a Bond canceled? Yes No

Have any Prior or Pending IRS Tax Liens? Yes No

Have any Prior or Pending Lawsuits? Yes No

Had a Claim made against any prior Surety Bond? Yes No

*(If the answer is YES to any of these question, 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 & Social Security No. of all Employee in direct contact with ward:

\_\_\_\_\_

**Accounting Information** (on you and/ or your business):

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

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

Phone: \_\_\_\_\_ Date of Year-End: \_\_\_\_\_

How often are financial statement prepared? \_\_\_\_\_

**FINANCIAL STATEMENT OF APPLICANT**

If applying on behalf of a corporation attach accountant's Financial Statement, including 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): \_\_\_\_\_