

**Easy Binding Instructions for:**

**Administration • Administration CTA  
Co-Administration • Co-Executor • Co-Guardian  
Conservator • Committee • Executor • Guardian • Probate  
Public Administration W.W.P.**

*Penalty Amount below \$750,000*

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1. Please complete attached application.
2. Enclose copy of:
  - **Court order/ Partition**
  - **Death Certificate.**
3. E-mail to, [bonds@bfbond.com](mailto:bonds@bfbond.com)  
or fax to **212 566-1615** to the attention of Jose Ward

Once we receive completed application and court papers, we will issue the bond.

If you want the original bond mailed overnight please include **\$30.00 check**

Bonds are not binding until approved by the company.

*Thank you for choosing Bernard Fleischer & Sons, Inc. for your all your bonding needs.*

Jose Ward  
Extension 110

**Bernard Fleischer & Sons**  
29 Broadway Suite 1511 New York, NY 10006-3201

**Toll Free: (800) 921-1008 • NY: (212) 566-1881 • Fax: (212) 566-1615**

<http://www.bfbond.com> email: [bonds@bfbond.com](mailto:bonds@bfbond.com)

## APPLICATION FOR BOND

Applicant or Corporation Name				Social Security #	Age	Married <input type="checkbox"/>
Residence Address						
(Street and Number)		(City)	(State)	(Zip)	(Telephone #)	
Business Address						
(Street and Number)		(City)	(State)	(Zip)	(Telephone #)	
Occupation or business	How long so engaged?	Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.				
Type of Bond			Amount of Bond	Effective Date		
Complete name and address of Obligee						

Name of deceased (Ward)	Date of death	Date of appointment (If over 6 months, please explain delay.)	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet.)
Name and address of attorney (If none, do not write the bond; submit it to our underwriters.)			Telephone #
Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assets of estate or trust (describe)		
Name, age, and health status of <input type="checkbox"/> minor(s) <input type="checkbox"/> incompetent	Applicant's relationship to <input type="checkbox"/> deceased <input type="checkbox"/> ward(s)		Applicant's net worth: \$
Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximately how much per month? _____ (Please send copy of court order authorizing monthly expenditures.)		What is the source of the guardianship funds? (If an insurance settlement, do not execute the bond; instead refer it to an underwriter.)	
Who are the heirs of this estate?			Has anyone objected to the applicant's appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any going business (excluding farms) of the estate be continued by fiduciary? (If yes, send a copy of court order.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Name and address of court:			
What is the applicant's experience in handling fiduciary responsibilities?			

### INDEMNITY

The undersigned applicant and indemnitors hereby request Surety Bonding Company of America or any affiliated company (with such company/companies referred to herein as the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, including obtaining a credit report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due,
- (2) **To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company,**
- (3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant,
- (4) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- (5) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company,
- (6) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom,
- (7) That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond,
- (8) At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity agreement,
- (9) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux Falls, South Dakota 57104, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant,
- (10) In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

### Bernard Fleischer & Sons Inc.

29 Broadway Suite 1511 New York, NY 10006-3201

**Phone: (212) 566 1881 - (800) 921 1008**

Email: [bonds@bfbond.com](mailto:bonds@bfbond.com) [www.bfbond.com](http://www.bfbond.com)

Agency Code: 31-18266

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. *John Doe, Indemnitor*

We have examples showing five ways to sign an application.

**1. Individual or Sole Proprietorship.**

Signed this 22<sup>nd</sup> day of January, 2002

1. X John Doe, Indemnitor

2. X Jane Doe, Indemnitor

3. X \_\_\_\_\_

\_\_\_\_\_

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

The individual or sole owner and spouse should sign at the bottom of the application, writing the word "Indemnitor" in their own handwriting after each of their names.

**2. Partnership.**

Signed this 22<sup>nd</sup> day of January, 2002

1. X John Doe, Indemnitor

2. X James Doe, Indemnitor

3. X Jane Doe, Indemnitor

\_\_\_\_\_

\_\_\_\_\_

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

Each partner and his or her spouse should sign at the bottom of the application, writing the word "Indemnitor" after each of their names.

**3. Corporation.**

Signed this 22<sup>nd</sup> day of January, 2002

1. X DOE CORPORATION, INC

2. X John Doe, President

3. X John Doe, Indemnitor

\_\_\_\_\_

\_\_\_\_\_

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

An officer should first sign on behalf of the corporation (indicating his/her corporate title) and then sign a second time, writing only the word "Indemnitor" after his/her second signature. Any other owners should also sign, writing only the word "Indemnitor" after their names. In most cases, the owners' spouses also need to sign.

\* In most cases, the owners' spouses may also need to sign.

**4. Limited Liability Company or Partnership.**

Signed this 22<sup>nd</sup> day of January, 2002

1. X John Doe, Manager

2. X John Doe, Indemnitor

3. X James Doe, Indemnitor

\_\_\_\_\_

\_\_\_\_\_

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

An authorized manager, member, or partner should first sign on behalf of the Limited Liability Company or Partnership (indicating his/her company/partnership title) and then sign a second time as a personal indemnitor, writing only the word "Indemnitor" after his/her second signature. All other members/owners/partners should also sign as personal indemnitors, writing only the word "Indemnitor" after their names. In most cases the members'/owners'/partners' spouses also need to sign.

\* In most cases, the members'/owners'/partners' spouses may also need to sign.

**5. Outside Indemnity (Relatives, Friends).**

Signed this 22<sup>nd</sup> day of January, 2002

1. X John Doe, Indemnitor

2. X Jane Doe, Indemnitor

3. X John Henry, Indemnitor

\_\_\_\_\_

\_\_\_\_\_

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

When outside indemnity is required, the proposed indemnitors should sign at the bottom of the application below the applicants' signatures and write the word "Indemnitor" after each of their names.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**