

COURT, FIDUCIARY, RECEIVER/TRUSTEE APPLICATION INSTRUCTIONS

Thank you for choosing DBL Surety for your bonding needs! This instruction sheet answers commonly asked questions and will assist you in completing this application. Please email us at info@dblsurety.com or call 386-316-2547 if you have additional questions.

1. Please begin by completing the bond information section. This section outlines the type of bond needed, the amount of the bond, and the party asking for the bond (obligee). All applicants must complete this section.
2. The Applicant Information section asks basic questions such as the applicant's name, address, and phone number. It also asks questions about bankruptcy, liens, and judgments. All applicants must complete this section.

PLEASE SKIP TO SECTION 4 IF YOU ARE NOT APPLYING FOR A FIDUCIARY BOND

3. The Fiduciary Bonds and related sections underneath ask for information relating to the estate, how the assets will be distributed, etc. It also asks for information specific to the type of bond whether that be a guardianship, personal representative, or another type of fiduciary bond. Only Fiduciary applicants need to complete these sections.

PLEASE SKIP TO SECTION 6 IF YOU ARE NOT APPLYING FOR A RECEIVER, BANKRUPTCY TRUSTEE, OR ASSIGNEE BOND

5. The Receiver, Bankruptcy Trustee, or Assignee Bonds section asks for information related to the debtor, type of action, and applicable insurance policies. Only Receiver, Bankruptcy Trustee, and Assignee applicants need to complete this section.
6. The Court Bonds section asks for case specific information ranging from the type of action to a summary of the action. Only Court applicants need to complete this section.

HOW TO SUBMIT YOUR COMPLETED APPLICATION

There are various ways to submit your completed application to DBL Surety:

1. Click on the "Submit" button found on the application which will attach the application to an email. All you need to do is hit "Send" as the address has been filled out for you.
2. Save this application to your computer and email it to submissions@dblsurety.com.
3. Print this application and fax it to (888) 204-8716.

Thanks again for choosing DBL Surety for your bonding needs. Please email us at info@dblsurety.com or call (386) 316-2547 if we can be of further assistance.

BOND INFORMATION

Bond Type	Amount	Effective Date
Obligee (Who is Requiring the Bond)		
Obligee Address	City	State Zip Code
Does Obligee Require Their Own Bond Form? (If Yes, Please Attach Copy of Form)		Yes No

APPLICANT INFORMATION

Applicant Name to Appear on Bond					
Address		City	State	Zip Code	
County	Phone	Fax	Email		
EIN# or SS#	Date Formed:				
Type of Business:	C Corp	S Corp	Partnership	LLP	LLC
Has the Business or any Principal Been Involved in the Following?					
Ever Declared Bankruptcy?	Yes	No	Liens or Outstanding Collection Items?		Yes No
Lawsuits or Judgments Against Them?	Yes	No	Cancellation of Bond or Business License?		Yes No
Does the Applicant Have Any Other Surety Bonds in Force? (If Yes, Please Attach Listing)					Yes No

FIDUCIARY BONDS

Applicant's Age	Applicant's Net Worth	Date of Applicant's Appointment			
Name of Estate					
What is Your Relationship with the Deceased/Incompetent/Minor/Beneficiary?					
Are You Indebted to the Estate of the Deceased/Incompetent/Minor/Beneficiary?				Yes	No
If Yes:	Amount	Terms of Repayment			
Attorney's Name					
Attorney's Address			City	State	Zip Code
Is There an Ongoing Business?	Yes	No	Nature of Business		
Name of Heirs/Beneficiaries	Age	Relationship to Deceased	% Share	Residence	

FIDUCIARY BONDS - GUARDIANSHIP, CONSERVATORSHIP & TRUSTEE

Is the Bond in Regard to a Minor?	Incompetent?	Beneficiary?			
Age of Minor/Incompetent/Beneficiary	Where Does the Minor/Incompetent/Beneficiary Reside?				
Will any Assets be Under Court Restrictions?	Yes	No			
If Yes, Explain:					
Will Joint Control Be Used to Restrict Expenditures and/or Distributions of Assets?				Yes	No
Will Professional Accounting, Investment, of Legal Services Be Provided on an Ongoing Basis?				Yes	No
Does the Court Require that an Annual Accounting Be Files?				Yes	No
Is the Estimated Duration of the Bond Anticipated to Be Longer than 3 Years?				Yes	No

FIDUCIARY BONDS - ADMINISTRATOR, EXECUTOR, & PERSONAL REPRESENTATIVE

Date of Death	Is the Estate Insolvent?	Yes	No	Any Disputes Among Heirs?	Yes	No
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RECEIVER, BANKRUPTCY TRUSTEE, ASSIGNEE BONDS

Debtor Name					
Address		City	State	Zip Code	
County	Phone	Fax	Email		
Type of Action:	Liquidation	Reorganization	Receiver of Rents	Other	
Do You Carry Fidelity, Professional Liability, and/or E&O Coverage?				Yes	No
Class of Insurance	Insurance Carrier Name		Amount of Coverage		

COURT BONDS - APPEAL, SUPERSEDEAS, ATTACHMENT, INJUNCTION, & ALL OTHERS

Judgment/Claim Amount	Type of Action	Case Number			
Court Jurisdiction					
Attorney's Name					
Attorney's Address			City	State	Zip Code
Summary of Action					

BY SUBMITTING THIS APPLICATION, ALL OWNERS, SPOUSES, AND COMPANIES LISTED ACKNOWLEDGE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED AND USED FOR UNDERWRITING PURPOSES.