

1

**PUBLIC  
OFFICIAL  
BOND**NO FINANCIAL STATEMENT  
NECESSARY.

Net Worth: \$	Elected <input type="checkbox"/> Appointed <input type="checkbox"/>	Date:	Term of Office:	Premium will be paid: <input type="checkbox"/> Annually? <input type="checkbox"/> for term?
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Title of Position		Main Sources of Organization's Funding	
Purpose or Function of Organization			
Annual Salary	Will applicant sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is countersignature required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?	Regular audits? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?
Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever discharged from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?	
Last position held? Reason for leaving?		How long in present position?	Applicant's net worth: \$

3

**PROBATE  
BOND**NO FINANCIAL STATEMENT  
NECESSARY.  
HAVE PRINCIPAL SIGN  
THIS APPLICATION.

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?				

4

☐ **REFEREE'S  
RECEIVER'S  
TRUSTEE'S  
BOND**NO FINANCIAL STATEMENT  
NECESSARY.  
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THIS APPLICATION.

Plaintiff	Name and address of principal's attorney	
Defendant	Name and location of Court	Applicant's net worth: \$

5

**COURT BOND  
OTHER THAN  
3 AND 4**FINANCIAL STATEMENT  
NECESSARY.  
HAVE PRINCIPAL SIGN  
THIS APPLICATION.

Name and location of Court	Name of Defendant
Name and address of attorney	If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, submit for underwriting.
Explain purpose of bond (submit copy of relevant documents)	

6

**LICENSE AND  
PERMIT BOND**FINANCIAL STATEMENT  
NECESSARY WHERE STATE  
IS THE OBLIGEE.  
HAVE PRINCIPAL SIGN  
THIS APPLICATION.

Net worth: \$	Public liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)	Property damage insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)
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7

**LOST  
SECURITIES  
BOND**FINANCIAL STATEMENT  
NECESSARY.  
HAVE PRINCIPAL SIGN  
THIS APPLICATION.

Serial Number and description (Please submit a copy or sample of the form it was on.)		Date of instrument	Payable to applicant only? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who is it payable to?
Are securities endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe manner of loss		Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No When? To Whom?
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgement obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CNA SURETY**

WESTERN SURETY COMPANY

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