



Surety The Right Way

## Probate Bond Application

Required Fields in Red

### Business Information

**Legal Business Name:** \_\_\_\_\_

(Or Individual)

**DBA Name (if any):** \_\_\_\_\_

**Date Formed:** \_\_\_\_\_ **Years of Experience in Trade:** \_\_\_\_\_

**Ever Caused a Surety a Loss or Had a Bond Claim?:** \_\_\_\_\_ **If yes, please explain on separate page**

**Any principal, owner, or indemnitor file bankruptcy, have open judgments or tax liens?** \_\_\_\_\_

If yes, to any of the above, please explain on separate page.

**Type of Business:** \_\_\_\_\_ Individual/Sole Proprietorship \_\_\_\_\_ Partnership

\_\_\_\_\_ S Corporation \_\_\_\_\_ C Corporation

\_\_\_\_\_ LLC (Ltd Liability Corp) \_\_\_\_\_ LLP (Ltd Liability Pshp)

\_\_\_\_\_ Non-Profit Corporation

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_

**Owner**

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

**Owner #2**

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

**Owner #3**

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

**\*\* All owners must provide signed Credit Authorization Form \*\***

**Bond Information**

Type of Bond: \_\_\_\_\_ Conservatorship/Guardianship  
\_\_\_\_\_ Estate  
\_\_\_\_\_ Trust/Special Needs Trust/Supplemental Needs Trust  
\_\_\_\_\_ Social Security Representative Payee  
\_\_\_\_\_ VA Fiduciary  
\_\_\_\_\_ Power of Attorney

Amount of Bond: \_\_\_\_\_ Specific Bond Form Required? \_\_\_\_\_  
(if so, please email or fax to our office)

Desired Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Court File No: \_\_\_\_\_ Court District Number: \_\_\_\_\_

Court State: \_\_\_\_\_ County: \_\_\_\_\_

Attorney Name/Firm: \_\_\_\_\_

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

Attorney City: \_\_\_\_\_ Attorney E-mail : \_\_\_\_\_

Attorney State: \_\_\_\_\_ Attorney Zip Code: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_ Attorney Fax: \_\_\_\_\_

**Comments**

**Please also forward copies of petition, order, or obligee bond requirement letter in this matter.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit Application**

Please return the completed application and signed Credit Authorization Form to:

Nick Newton  
[nick@newtonbonding.com](mailto:nick@newtonbonding.com)

Jenny Newton  
[jenny@newtonbonding.com](mailto:jenny@newtonbonding.com)

Monica Tolzmann  
[monica@newtonbonding.com](mailto:monica@newtonbonding.com)

Amy Thompson  
[amy@newtonbonding.com](mailto:amy@newtonbonding.com)

Fax: 651-342-1763