

**BDH ASSOCIATES, INC.**  
4572 Lawrenceville Hwy., Suite 201  
Lilburn, GA 30047  
(770) 564-2999 or Toll Free (888) 328-0500  
Fax: (770) 564-9327

## **GUARDIANSHIP BOND REQUIREMENT**

**ANNUAL PREMIUM: VARIES BY INSURANCE COMPANY**

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In order to apply for the above bond, please submit the following information:

1. Probate Bond Application (Form Attached)
2. General Indemnity Agreement (Form Attached)
3. Personal Financial Statement of all applicants (Form Attached)
4. Court appointment paperwork

Please fax all information above to our office for review.

**A CREDIT REPORT WILL BE PULLED ON EACH OWNER, OFFICER AND/OR STOCKHOLDER**

If you have any questions, please feel free to contact our office.

# APPLICATION FOR PROBATE BONDS

(Administrator, Executor, Guardian, Conservator, Etc)

Producer <b>BDH Associates, Inc</b>		Bond Number
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Applicant's Full Name & Address:	Estimated Net Worth: \$
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Social Security Number:	Phone Numbers: Home ( ) Office ( ) Fax ( )
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Type of Business or Occupation	How long has applicant been in business under current Name and Ownership?
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Amount of Bond: \$	Effective Date:
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Obligee's Name and Address Probate Court of _____ County (Court where bond will be filed)
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Has application for this bond been made to another company? If yes, give particulars:
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Name, address & age of <input type="checkbox"/> Minor(s) <input type="checkbox"/> Incapacitated	Name of Deceased
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Date of Appointment	Date of Death
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Assets of the estate or trust (describe): Cash \$ _____ Stocks & Bonds _____ Other _____
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Applicant's relationship to deceased or ward(s):
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Has applicant given bond in this matter before? If so, give name of surety and amount of bond:
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Is applicant indebted to the estate or trust? (explain)
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Is there a going business? (explain) If business to be continued by Fiduciary, attach copy of court order
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Name, Address & Phone Number of Attorney
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Please provide a copy of the bond form to be issued if available

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**PERSONAL FINANCIAL STATEMENT AS OF :** \_\_\_\_\_, 20\_\_\_\_\_

Name of Individual		Social Security Number		Date of Birth	
Name of Spouse		Social Security Number		Date of Birth	
Residential Address (Street, City, State, Zip Code)				Home Phone Number (Including Area Code)	
<b>ASSETS</b>			<b>LIABILITIES</b>		
Cash in Banks:		Loans Payable (Banks):			
Notes Receivable:		Notes Payable:			
Accounts Receivable:		Accounts Payable:			
Stocks/Bonds/Securities:		Taxes Payable:			
Real Estate (Residence):		Mortgages Payable:			
Real Estate (Investment/Other):		Other Liabilities:			
Cash Value Life Insurance:					
Personal Property:		<b>TOTAL LIABILITIES:</b>			
Other Assets:		<b>NET WORTH:</b>			
<b>TOTAL ASSETS:</b>		<b>TOTAL NET WORTH &amp; LIABILITIES:</b>			
<b>INCOME</b>	Salary: \$		Spouse's Salary: \$		<b>TOTAL INCOME:</b>
	Bonus/Other: \$		Bonus/Other: \$		\$
<b>SUPPLEMENTARY SCHEDULES OF ASSETS &amp; LIABILITIES</b>					
(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)					
<b>CASH IN BANKS</b>					
Bank Name, Branch & Location			Account Number		Amount
<b>NOTES &amp; ACCOUNTS RECEIVABLE</b>					
Name & Address of Debtor		Amount	Due Date	Pledged (yes/no)	Security
<b>STOCKS/BONDS/SECURITIES</b>					
Name & Number(s) of Stock, Bond or Security		No. of Shares	Price/Share	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Paymen	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age of Asset

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

TAXES PAYABLE (State & Federal)		
Description	Amount	Date Payment is Due

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Are you contingently liable or an endorser on any bonds or other obligations?  YES  NO  
 Are you involved in any litigation?  YES\*  NO Have you filed for bankruptcy in the last 7 years?  YES\*  NO  
 \*Explain all "YES" answers on a separate sheet of paper.

I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by BDH Associates, Inc. concerning any transaction with the undersigned; and BDH Associates, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_