

# Full Application



The submission of this application by the Applicant and its owners is authorization to the Company to obtain a credit report on the Applicant and its owners. The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result; including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This Agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

Applicant		SSN		DOB		<input type="checkbox"/> Single
Residence address		Res. phone		<input type="checkbox"/> Married		
Business address		Bus. phone				
Occupation or Business		Email				
For how long?		<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP
Bond type		Amount		Effective date		
Complete Name and Address of Obligor		Previous surety?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If so, name				
		Reason for change				

**Financial Statement** - Check applicable section on the reverse side to see whether a financial statement is necessary.

Statement as of  Check one: ☐ Business Financial Statement ☐ Personal Financial Statement

ASSETS		LIABILITIES	
Cash (List Banks)	<input type="text"/>	Accounts Payable	<input type="text"/>
	<input type="text"/>	Taxes due & accrued	<input type="text"/>
Stocks + Bonds - Describe	<input type="text"/>	Notes Payable to Bank	<input type="text"/>
	<input type="text"/>	Notes Payable to Others - Describe	<input type="text"/>
Notes Receivable - Describe	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Mortgage on Real Estate	<input type="text"/>
Merchandise or Material in Stock	<input type="text"/>	Mortgage on Real Estate	<input type="text"/>
Accounts Receivable	<input type="text"/>	Other Liabilities - Describe	<input type="text"/>
Real Estate, Homestead	<input type="text"/>		<input type="text"/>
Real Estate, Investment	<input type="text"/>	TOTAL LIABILITIES	<input type="text"/>
Furniture and Fixtures	<input type="text"/>	Capital Stock (Paid in)	<input type="text"/>
Other Assets - Describe	<input type="text"/>	NET WORTH OR SURPLUS	<input type="text"/>
TOTAL ASSETS	<input type="text"/>	TOTAL Liabilities and Net Worth	<input type="text"/>
Gross Sales - Two years ago	<input type="text"/>	Net Income - Two years ago	<input type="text"/>
Last year	<input type="text"/>	Last year	<input type="text"/>

## Submissions

Email: [bondsubs@btisinc.com](mailto:bondsubs@btisinc.com)

Fax: 916.772.9292

# Surety Bonds Application | Full version



## Internal

### Control Data

Complete for all fidelity submissions or for public official over \$150,000.

## Public Official Bond

No financial statement necessary, applicant sign application over \$100,000, internal control data section over \$150,000.

## Fidelity Bond

No financial statement necessary. Complete internal control data.

## Probate Bond

No financial statement necessary. Have applicant sign this application.

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.

## Referee's Bond Receiver's Bond Trustee's Bond

No financial statement necessary. Have applicant sign this application.

## Court Bond

### Other than 3 And 4

Have applicant sign this application.

## License And Permit Bond

Have applicant sign this application.

## Lost Securities

Have applicant sign this application.

## Certificate Of Title Bond

Have applicant sign this application.

Will applicant sign checks? ☐ Yes ☐ No

Is countersignature required? ☐ Yes ☐ No

By whom? \_\_\_\_\_

Regular audits? ☐ Yes ☐ No

By whom? \_\_\_\_\_

Net worth: \$ \_\_\_\_\_

☐ Elected ☐ Appointed

Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? ☐ Yes ☐ No

Applicant's net worth \$ \_\_\_\_\_

Ever discharged from any employment? ☐ Yes ☐ No

Why? \_\_\_\_\_

Date: \_\_\_\_\_ Term of office: \_\_\_\_\_

Premium will be paid: ☐ Annually ☐ for term

Title of position: \_\_\_\_\_

Purpose or Function of Organization: \_\_\_\_\_

Main Sources of Organization's Funding: \_\_\_\_\_

Name of deceased (Ward): \_\_\_\_\_

Date of death: \_\_\_\_\_ Date of appointment: \_\_\_\_\_  
(If over 6 months, please explain delay.)

Attorney info: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Will the attorney remain involved throughout the duration of this estate? ☐ Yes ☐ No

Applicant's relationship to: ☐ deceased ☐ ward(s)

\_\_\_\_\_

Name, age, and health status of ☐ minor(s) ☐ incompetent

\_\_\_\_\_

Are guardianship funds to be used for support of ward? ☐ Yes ☐ 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.)

\_\_\_\_\_

Name and address of court: \_\_\_\_\_

\_\_\_\_\_

Is applicant indebted to the estate or trust? ☐ Yes ☐ No  
If yes, why? \_\_\_\_\_

Has applicant had prior possession of estate assets?  
(i.e. Power of Attorney, bank accounts, etc.) ☐ Yes ☐ No  
If yes, please explain.

\_\_\_\_\_

Assets of estate or trust (describe) \_\_\_\_\_

Applicant's net worth: \$ \_\_\_\_\_

Who are the heirs of this estate? \_\_\_\_\_

\_\_\_\_\_

Has anyone objected to the applicant's appointment as fiduciary? ☐ Yes ☐ No

Will any going business of the estate be continued or operated by fiduciary? ☐ Yes ☐ No  
(If yes, send a copy of court order.)

Is this bond required on the demand of an interested person? ☐ Yes ☐ No  
If so, who? \_\_\_\_\_

What is the applicant's experience in handling fiduciary responsibilities? \_\_\_\_\_

\_\_\_\_\_

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_

Name and address of applicant's attorney \_\_\_\_\_

Name and location of Court \_\_\_\_\_

\_\_\_\_\_

Applicant's net worth: \$ \_\_\_\_\_

Name and location of Court \_\_\_\_\_

\_\_\_\_\_

Name and address of attorney \_\_\_\_\_

Name of Defendant \_\_\_\_\_

If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him?  
If so, submit for underwriting. ☐ Yes ☐ No

Net worth: \$ \_\_\_\_\_

Applicant state license #: \_\_\_\_\_

General liability insurance carried? ☐ Yes ☐ No  
(Give limits) \_\_\_\_\_

Are securities endorsed? ☐ Yes ☐ No

Describe manner of loss \_\_\_\_\_

Has notice of loss been given? ☐ Yes ☐ No

When? \_\_\_\_\_ To Whom? \_\_\_\_\_

If registered, in whose name? \_\_\_\_\_

If a check, has payment been stopped? ☐ Yes ☐ No  
If so, when? \_\_\_\_\_

If a deed of trust or note, has either been involved in a lawsuit? ☐ Yes ☐ No

Was a judgment obtained? ☐ Yes ☐ No

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN#: \_\_\_\_\_

Is there a lien or lien holder? ☐ Yes ☐ No

If yes, list & explain. \_\_\_\_\_

\_\_\_\_\_