

Probate Court Bond Request Form

Type of Bond

Personal Representative

Conservator

This is a refillable PDF document. The form can be reused each time you need a bond. To request a bond:

1. Complete the information that is relevant to the bond you are requesting.
2. Save the form, and attach it to your email, sending it to bonds@arcwinsurance.com, or fax it to 727-544-8842

Please rush my bond request: Yes No I need the bond by: _____

Requester Name: _____ Attorney Name: _____

Electronically Send Bond to Email Address: _____

Firm Name: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Bond Amount: \$ _____ County: _____ Ct. File # _____

Legal Name of Deceased: _____ Date of Death: _____

Name of Personal Representative/Conservator

_____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Co-Personal Representative/Conservator

_____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Estimated Estate Assets: \$ _____ Yes* No

Will any business of the estate be continued by Fiduciary? Yes** No

Is Personal Representative indebted to estate? Yes No

Did Decedent execute a Last Will & Testament? Yes No

Does Personal Representative replace a prior Fiduciary? Yes No

Is this an additional bond? Yes No

Does this bond replace a prior bond? Yes No

Is this bond required on the demand of an interested person? Yes No

(If YES, Whom: _____)

Is the applicant a U.S. citizen? Yes No

Has any surety denied application for this bond? Yes No

Is this bond intended to replace the bond of another surety? Yes No

Is the applicant aware of any problems or disputes with the estate or its heirs? Yes No

Will any business of the estate be continued by the applicant? Yes No

Is the applicant indebted to the estate? Yes No

Is this bond required at the demand of an interested person? Yes No

Is the applicant a relative or the attorney of the estate? Yes No

If so, please provide the relation:

Number of heirs:

**Attach copy of court order*

***Attach a copy if bond exceeds \$1 million*

Additional Info: _____

- With email, send ALL documents to bonds@arcwinsurance.com.
- Please attach any requested items above to your email or fax as necessary.

Send Bond Invoice to: Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____