

Insurance Masters, Inc

5388 Dunteachin Drive Ellicott City, MD 21043-8204

Phone/Text 410.971.5869

MTBERMAN@msn.com insurancemastersinc.com

2. Bond amount :
3. Name of the Guardian as you want it to appear on the bond :
4. Guardian's street name only :
5. Guardian's City: State: Zip:
6. Guardian's Phone # numbers only : Email:
7. Incompetent's Name:
8. County where bond is being filed:
9. Sender's Name :
10. Sender's Phone # numbers only :
11. Sender's Address:
12. Sender's City: State: Zip:
13. Sender's E-Mail Address :
14. Any additional Information:

If you have any questions, please feel free to give me a call at 410 971 5869.

Michael Berman

Complete the HIGHLIGHTED FIELDS and click on the box above to Email this application to my office MTBerman@msn.com.

Probate Application Estate of Incompetent

PRINCIPAL NAME										
APPLICANT INFORMATION			Applicant				Soc. Security No. ↓		Date of Birth	Phone No.
			Address		City	State	Zip	☐ Married ☐ Single	Applicant's net worth	
Occupation			Years in Occupation?		Applicant's relationship to Incompetent			Is applicant indebted to the estate? ☐ Yes ☐ No (If yes, explain how debt will be repaid on separate sheet)		
Current Residence ☐ Own ☐ Rent		Current Value		Loan Balance		Does applicant have any bankruptcies, unpaid liens or pending lawsuits? (If yes, do not issue this bond.) ☐ Yes ☐ No				
BOND INFORMATION			Type of Bond				Amount of Bond		Effective Date	
Complete Name and Address of Obligor/Court										
Name of Incompetent						Date of Birth		Date of Appointment		
Name and address of attorney (If none, do not write the bond; submit to Company for approval)								Will attorney remain throughout the estate? ☐ Yes ☐ No		
Location and Health Status of Incompetent										
Who are the heirs of this estate?				Is there a prior Surety or has a previous bond been filed in this estate? (If yes, do not issue this bond. Please provide details and submit to RLI.) ☐ Yes ☐ No						
Is an insurance settlement the source of guardianship funds? ☐ Yes ☐ No If No, what is the source of guardianship funds? (If an insurance settlement, do not execute bond; submit to company for approval)										
If funds are to be used to support the incompetent then estimate the monthly expenditures.										
Is the bond required on the demand of an interested person? ☐ Yes ☐ No Who?				Do all interested parties agree with the principals appointment as fiduciary? ☐ Yes ☐ No (If not, do not write the bond; submit to Company for approval)						
Assets of estate (describe). Send copy of inventory if assets exceed \$ 300,000.00 .						Is there a going business in the estate? ☐ Yes ☐ No				
INDEMNIFICATION AGREEMENT			Signature Instructions: Applicant(s) must sign below.							
I agree to indemnify RLI Insurance Company and/or Contractors Bonding and Insurance Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: FIRST: To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. SECOND: To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgement against the bond, including any legal fees and expenses, and a claim fee charge in the amount of \$119.40 for the first claim and \$69.44 for each additional claim. THIRD: To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of any bond. FOURTH: To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. FIFTH: That Surety has the exclusive right to defend, settle, pay or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. SIXTH: That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. SEVENTH: To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. EIGHTH: That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement. NINTH: I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination. TENTH: This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.										
Today's Date _____			Applicant Name (Printed) (Exactly As Above)			_____ X _____				
AGENT/BROKER INFORMATION		Agent/Broker Name		Code	Phone No.	Fax No.	City	State	Zip	
		Insurance Masters, Inc.		33948	(410) 971-5869		Ellicott City	MD	21043	
AGENT'S RECOMMENDATION						COMMENTS				
☐ We are not very familiar with this applicant. ☐ We are familiar with applicant and are aware of no adverse information about him/her. ☐ We know applicant very well and offer our highest recommendation. ☐ We know the attorney very well.						_____ _____ _____ _____				