



The Ohio Casualty Insurance Company

Application for Probate Bond

- 1. Applicant _____ Age _____ S.S.# _____
- 2. Address _____ How Long? _____ Phone # _____
- 3. Occupation/Employer _____ How Long? _____
 _____ Phone # _____
- 4. Bond Amount \$ _____ Effective Date _____
 Personal Representative Guardian Conservator
 Special Representative Testamentary Trustee

GUARDIANS AND CONSERVATORS PLEASE COMPLETE SUPPLEMENTAL INFORMATION ON REVERSE SIDE

Deceased _____

- 5. Name of: Minor(s) _____ Date of Birth _____
 _____ Date of Birth _____
 Incompetent _____ Date of Birth _____

6. What is your relationship to the Ward? _____

*7. Are you in possession of any assets of the Estate? _____

8. Court where filed _____ Case No. _____

9. Name and address of Attorney _____

10. Value of Estate: Real Estate \$ _____ Personal Property \$ _____
 Debts of the Estate \$ _____

*11. Is applicant indebted to the Estate? _____

*12. Will Applicant operate a Going business for the Estate? _____

*13. Is the bond applied for intended to replace the bond for another Surety? _____

IF ANSWER TO QUESTIONS 7, 11, 12, 13 IS "YES", SUBMIT FULL INFORMATION TO YOUR REPORTING OFFICE.

IF BOND AMOUNT EXCEEDS \$100,000, LIST BELOW ALL PARTIES AS HEIRS AT LAW, DEVISEES, LEGATEES OR DISTRIBUTIBLES:

NAMES	AGES	RELATIONSHIP TO DECEASED	ADDRESS

SUPPLEMENTAL QUESTIONNAIRE

Name of Spouse _____ S.S.# _____

Occupation/Employer _____ How Long? _____

Have you or your spouse ever filed for bankruptcy? _____ When? _____

Have you or your spouse been convicted of or, awaiting trial for a crime? _____ Explain: _____

Current credit rating _____ Verified _____

**APPLICANTS
FINANCIAL INFORMATION**

Total value of Real Estate \$ _____

Total value of Personal Property \$ _____

(cash, CD"s, etc.)

\$ _____

(Other)

Total Annual Income of Applicant \$ _____

Total Annual Income of Spouse \$ _____

Total Outstanding Debt \$ _____

In consideration of the execution by The Ohio Casualty Insurance Company or The West American Insurance Company or the American Fire & Casualty Company of the bond herein applied for, I agree to pay the annual premium in advance while such bond or any continuation thereof remains in force, and I further agree to indemnify and keep indemnified the Company and hold and save it harmless from any and all liability, loss, cost, charges or expenses of whatever kind or nature, including attorney fees, which the Company shall at any time sustain or incur by reason or in consequence of having executed this bond or any continuation or renewal thereof; and to pay over, reimburse, and make good to the Company all sums of money which the Company shall pay on account of the execution of said bond or any continuation or renewal thereof; and I hereby waive any homestead or other exemption to which I may be entitled under the laws of any state of the United States or of the United States of America.

DISCLOSURE TO APPLICANT: You are hereby notified that an investigative consumer report MAY be obtained by the Company. Upon written request additional information as to the nature and scope of the report, if one is made will be provided.

Dated this _____ day of _____, _____

Witness: _____

Signature of Applicant (seal)

AGENT _____ LOCATION _____

Submit