



IFIC Agency Code:	
Agency Name:	
Producer Name:	
Agency City, State:	
Agency Bill or Direct Bill?	<input type="checkbox"/> Agency <input type="checkbox"/> Direct

One Newark Center, 20th Floor Newark NJ 07102-5702 1-800-333-4167 (973)624-7200 www.ific.com

## Court Bond Application

Bond No. \_\_\_\_\_

**Bond Information:**

<input type="checkbox"/> Administrator / Executor / Personal Representative (Probate)	<input type="checkbox"/> Receivership / Trustee in Bankruptcy / Assignee for the Benefit of Creditors
<input type="checkbox"/> Guardianship / Conservator / Trustee of Minors or Incompetents	<input type="checkbox"/> Appeal / Injunction / Replevin / Cost / Attachment / Garnishment / All Others
Bond Amount:	Effective Date:
	Bond Term:

**Applicant Information:**

Applicant (Principal on Bond):					
Name to appear on bond (if different):					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Other:
Applicant's Address:					
Billing Address (if different):					
Applicant's Class of Business:			Years in Business:		
Applicant's Social Security Number:			Business Tax ID:		
Applicant's Business Phone:			Fax Number:		
Applicant's E-mail Address:					
Obligee (party requiring the bond):					
Obligee's address:					

**General Questions (all applicants):**

Does the Applicant have any other Surety bonds in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has another Surety company declined to write this or any previous bond? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bond involuntarily terminated or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a claim or legal action against any bond executed on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your companies have any pending lawsuits, unsatisfied judgments or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies declared bankruptcy or become insolvent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any questions above, please explain below:
Attorney's Name, Address, & Firm Name:

**ADMINISTRATOR, EXECUTOR, OR PERSONAL REPRESENTATIVE BONDS:**

Date of Death:
Is the estate insolvent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any disputes among the beneficiaries of the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No

**RECEIVERSHIP, TRUSTEE IN BANKRUPTCY, ASSIGNEE FOR THE BENEFIT OF CREDITORS:**

Debtor:
Address:
Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of Rents <input type="checkbox"/> Other
Do you carry fidelity coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry Professional Liability or E & O coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, in what amount and who is the carrier?

**GUARDIANSHIP, CONSERVATOR, TRUSTEE OF MINORS OR INCOMPETENTS:**

Estate involves a <input type="checkbox"/> minor <input type="checkbox"/> incompetent <input type="checkbox"/> both	Beneficiary age:
Where does the minor/incompetent reside?	
Will joint control be used to restrict expenditures or distributions of assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will professional accounting, investment, or legal services be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the presiding court require that an annual accounting be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the estimated duration for which the bond will be in force?	
Will any assets be under court restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	

**APPEAL, INJUNCTION, REPLEVIN, COST, ATTACHMENT, GARNISHMENT, & ALL OTHER:**

Judgement/Claim Amount:	Type of Action:
Case Number:	Court Jurisdiction:
Summary of the Action:	
Does this case involve a domestic dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Indemnity Agreement**

The Undersigned hereby declares the truth of the representations herein, and that they are made to induce INTERNATIONAL FIDELITY INSURANCE COMPANY, (hereinafter called Surety) to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees:

- (1) To hereby authorize the Surety to make such pertinent inquiry, including access to consumer credit reports, as may be necessary, from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from all demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s);
- (5) To deposit with Surety on demand an amount sufficient to discharge any claim made against the Surety on said Bond(s). This sum may be used by surety to pay such claim or be held by Surety as collateral against loss or cost on said Bond(s);
- (6) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing provide the surety with a viable defense, request the Surety to litigate such claim, and shall deposit immediately with the Surety collateral satisfactory to the Surety in kind and amount;
- (7) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety;
- (8) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement: and
- (9) That this Agreement shall constitute a Surety Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect and may be so used by the Surety without in any way abrogating, restricting or limiting the rights of the Surety under this Agreement or under law, or in equity.
- (10) The Undersigned agree that this document and any and all bonds issued by the Surety will be subject to the terms of the Uniform Electronic Transactions Act ("UETA"), to the extent that the UETA has been adopted by the State legislature in the relevant jurisdiction, and any and all substantially similar federal or state legislation designed to regulate electronic commerce.

Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises, and agreements made by the Undersigned.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**APPLICANT**

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_  
Witness Sign Here

X \_\_\_\_\_  
Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory

**ADDITIONAL INDEMNITORS**

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_  
Witness Sign Here

X \_\_\_\_\_  
Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_  
Witness Sign Here

X \_\_\_\_\_  
Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory