



Western National Insurance Group
 4700 West 77th Street
 Edina, MN 55435-4818
 (952) 835-5350
 (800) 862-6070

Probate Bond Application

- Complete Page 1 of this application in its entirety.
- Please have the attached indemnity agreement signed and dated
- Please attach a copy of the court order and appointment paperwork
- Please provide a written explanation for any "Yes" answers on a separate piece of paper

Type of Bond: _____

Bond Amount \$ _____ Effective: ____/____/____

Case Number: _____

Court _____

Jurisdiction: _____

Attorney's name and address: _____

Appointment Date: ____/____/____

In the Matter of the Estate of: _____

INDEMNITORS INFORMATION:

(Any joint parties need a separate application such)

Indemnitor's Name: _____

Social Security No. _____ Occupation: _____

Not Married or Spouse's Name _____

Spouses Social Security No. _____ Occupation: _____

Home address _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Cash: \$ _____ Marketable Securities \$ _____ Retirement \$ _____

Real Estate Equity: \$ _____ if Rents Annual Income: \$ _____

UNDERWRITING QUESTIONS:

Principal's Relationship to Deceased/Ward? _____

Age of Ward if living or date of death : _____ Principal's % share of estate _____%

Is there an ongoing business? No Yes Type of business: _____

Assets of Estate: Cash/Securities \$ _____ Real Estate: \$ _____ Other: \$ _____

Liabilities of Estate: Mortgages \$ _____ Other \$ _____

Is Principal indebted to estate? Yes No

(If yes, provide nature and amount of debt) _____

Any dissension among the heirs? Yes No

Is Principal succeeding another fiduciary? Yes No

If yes, was prior fiduciary bonded Yes No

Frequency of accountings filed with court _____

Will professional legal and accounting services be ongoing? Yes No

Have you ever declared bankruptcy or become insolvent? Yes No

Are you a Trustee, Trustor or Beneficiary of Any Trust? Yes No

Name of Trust: _____

AGENT INFORMATION:

AGENCY NAME: _____ AGENCY CODE _____

AGENT/CSR : _____ PHONE: () _____

INDEMNIFICATION AGREEMENT - COMMERCIAL SURETY

IMPORTANT! Signature Instructions – Individuals who apply for a Bond must complete and sign the indemnity agreement below. **Sole Proprietorship** – Owner must sign below. **Partnership** – Partners are signing as authorized agents of the partnership and as individually liable indemnitors. **Corporation or LLC** – If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable indemnitor. **In all cases, if married, spouse must also sign; however, no missing signature shall invalidate this agreement.**

I request that Western National Mutual Insurance Company and/or any of its affiliated companies (“WNNMIC”) execute a Bond and consider executing future Bonds for the individual, company or entity identified below (“Principal”). I authorize WNNMIC or its agents to investigate my credit and Principal’s credit, now and at any time in the future, with any creditor, supplier, financial institution, or other person or entity. Authorization is hereby granted to any of the aforementioned, now and at any time in the future, to release information to WNNMIC pertaining to credit. I make the following promises so that WNNMIC will execute a Bond and consider executing future Bonds:

1. I agree that the following definitions apply: (a) Bond means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by WNNMIC at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of this agreement pursuant to which WNNMIC is or may be made liable for Loss, whether or not Principal is also liable; and (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) “Loss” means any payment or expense, either incurred or anticipated, by WNNMIC in connection with this Bond or this agreement, including but not limited to: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claims fees, including a claims fee charge of \$250 for each claim; penalties, interest, court costs, collection agency fees; costs related to taking, protecting, realizing upon, or releasing collateral; and attorney’s fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I agree, with Principal and all other indemnitors, to hold WNNMIC harmless from all Loss and to pay back or reimburse WNNMIC for all Loss.
3. Upon request, I agree to provide to WNNMIC collateral acceptable and adequate to WNNMIC in the event WNNMIC is required or solely deems it necessary to establish a reserve for a Loss for any Bond. The reserve for Loss may vary from time to time as WNNMIC solely deems necessary to protect itself from Loss. Cash collateral equal to the reserve for Loss may be deemed by WNNMIC to be adequate. Collateral may be held by WNNMIC until WNNMIC has determined it is no longer exposed to Loss as a matter of law, and WNNMIC may retain or sell collateral to reimburse itself for Loss. WNNMIC shall be entitled to seek specific performance of this Agreement and procedures for executing on judgments may be used to enforce WNNMIC’s decree(s) of specific performance. In the event that WNNMIC suffers a Loss, prior to being provided with collateral, WNNMIC may enforce any decree, as a money judgment (in addition to any other judgments) to reimburse itself for such Loss without further notice or motion.
4. I agree to pay WNNMIC all premiums when due from Principal according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
5. I agree that an electronic copy of this agreement shall be considered as an original and shall be admissible in a court of law to the same extent as the original agreement.
6. I agree that WNNMIC may obtain a release from its obligations as surety on a Bond whenever such release is allowed by law.
7. If a bond can be unilaterally cancelled by the surety, WNNMIC may cancel a Bond by mailing notice of cancellation in the regular U.S. Mail to the obligee and to Principal, or Principal’s representative, at the latest address provided to WNNMIC, and I agree to accept service of notice in such manner. I designate my insurance agent as my representative and Principal’s representative for such service. Unless a Bond, statute or lawful government regulation specifically provides otherwise, cancellation of a Bond shall be effective 30 days after WNNMIC deposits the requisite notice of cancellation in the U.S. Mail. I WAIVE ANY CLAIM AGAINST WNNMIC FOR DAMAGES which I may suffer as a result of cancellation of a Bond or any release from any obligation of WNNMIC on any Bond.
8. I agree that WNNMIC has the exclusive right to decide whether to pay, compromise, defend, or appeal any claim against a Bond.
9. I agree that I CANNOT TERMINATE MY LIABILITY to WNNMIC created by this agreement except by sending written notice of intent to WNNMIC. Written notice to terminate shall be sent to Western National Insurance Company at its home office, 4700 West 77th Street, Edina, MN, 55435-4818. I AGREE that the termination will be effective thirty working days after actual receipt of such notice by WNNMIC, but only for Bonds signed and committed to by WNNMIC after the effective date. Thus, I agree that I will REMAIN LIABLE to WNNMIC for LOSS on BONDS SIGNED OR COMMITTED TO BY WNNMIC PRIOR TO THE EFFECTIVE DATE OF TERMINATION.
10. I agree that WNNMIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Hennepin County, Minnesota and that Minnesota law shall govern unless WNNMIC elects otherwise.
11. **I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The rights and obligations of the undersigned hereunder are joint and several in each and every respect. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.**

Individual or Company Name	Date
BY (Owner’s, Officer’s or Partner’s, and Individual’s Signature) X	Signor (Print)
BY (Owner’s, Officer’s or Partner’s, and Individual’s Signature) X	Signor (Print)
Individual Spouse’s Signature X	Individual’s Name (Print)
Individual Spouse’s Signature X	Individual’s Spouse’s Name (Print)