Duffy & Posillico Agency, Inc.
1 Birchwood Court, P. O. Box 749
Mineola, NY 11501
516-741-3730 Fax 516-741-6311

BOND APPLICATION

_____
(Hereinafter Called Company)

Bond # _____

Principal: _____ SS# _____

Address: _____ Employer: _____

_____

Phone No: _____ Have You Filed For Bankruptcy In The Past 5 Years? _____ If yes attach explanation.

Kind of Bond: _____ Filing or Appointment Date: _____

Bond Amount: $_____ Judgment Amount: $_____ Judgment Date: _____

Title: _____ Date of Death or Age of Ward: _____

vs. _____ Relationship of Fiduciary: _____

Bond Filed in: _____ Division Location of Ward: _____

_____ Court Reason for Bond: ☐ Minor ☐ Advanced Age
☐ Mental Weakness ☐ Physical Incapacity ☐ Other

_____ County
State

Docket or Case No. _____

Attorney: _____
(Name and Address)

Paperwork Attached:

☐	Petition	☐	Complaint	☐	Collateral
☐	Bond	☐	Joint Control	☐	Assignment
☐	Order	☐	Will	☐	_____

TO BE COMPLETED FOR PROBATE BONDS:

YES ☐	NO ☐	IS APPLICANT INDEBTED TO ESTATE?
YES ☐	NO ☐	IS BOND REQUIRED ON THE DEMAND OF AN HEIR OR CREDITOR?
YES ☐	NO ☐	WILL APPLICANT OPERATE A BUSINESS FOR ESTATE?
YES ☐	NO ☐	IS APPLICANT A SUCCESSOR FIDUCIARY?
YES ☐	NO ☐	HAS APPLICANT HAD PRIOR CUSTODY OF ASSETS IN ANY CAPACITY?

(IF ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE SUBMIT FULL DETAILS TO THE COMPANY FOR APPROVAL PRIOR TO EXECUTING BOND)

Assets of the Estate:
Cash $_____ Securities $_____ Real Estate $_____ Other $_____