

Westfield Insurance Company/Westfield National Insurance Company

Ohio Farmers Insurance Company

Westfield Group SM Westfield Center, OH 44251-5001

**Universal Application
For Non-Contract Surety Bond**

Agency Name: _____
Agency Code Number: _____ Bond Number: _____

Complete this GENERAL SECTION for all bonds
Supplement this with appropriate Section listed below. Attach copy of bond form required by obligee

Probate	1	Court	3	License/Permit, Financial Guarantee	5	Financial Statement	7
Referee, Receiver, etc.	2	Public Official	4	Lost Securities	6		

Name of Applicant: _____ Date of Birth: ____ / ____ / ____ Married:
(For partnership, give full names of partners and trade name) Single:

Full Address: _____ Net Worth: \$ _____

Applicant's occupation or business: _____ Years so engaged: _____

Amount of Bond: \$ _____ Effective Date: __ / __ / __ Individual: Partnership: Corporation:

Complete Name & Address of Obligee: _____

Do you carry liability and property damage insurance? Yes: No: If yes, provide insurance certificates.

No. 1 Complete For PROBATE BONDS (If answer to question 3, 4, 5 or 6 is yes, agency must phone Service Office)

1. Bond is for: Guardian: Executor: Administrator: Other: _____

County and state in which bond filed: _____ Docket/Case #: _____

2. Name, address and phone number of attorney: _____

3. Has a bond been previously provided for this estate? Yes: No: Date of previous appointment: __ / __ / ____ .

4. Are you indebted to the estate? Yes: No: 5. Is the estate indebted to you? Yes: No:

6. Does estate include an ongoing business? Yes: No: If yes, will court order be issued? Yes: No: If yes, attach copy.

7. What is your relationship to the deceased, minor, or incompetent? _____

8. Are there any controls on the funds Yes: No: If yes, describe: _____

9. Assets of the estate: Cash: \$ _____ Securities: \$ _____

Annual estate Income: \$ _____ Other: \$ _____ Real Estate: \$ _____

10. If Administrator, Executor or Trustee (**will must be submitted for Trustee**):

(a) Name of deceased: _____

(b) Give names, ages and relationship of heirs, beneficiaries, and Trust recipients: _____

Name	Age	Relationship to Deceased	Beneficiary Address

11. If Guardian, Conservator or Committee:

(a) Name of ward: _____ Birth date: __ / __ / ____ .

(b) Ward's address: _____

(c) Is the ward in a nursing home? Yes: No:
If so, will social security and other benefits be sent directly to the nursing home? Yes: No:

(d) Give name(s), address and relationship of ward's next of kin: _____

Name	Relationship to Ward	Address

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, ANY MATERIAL INFORMATION COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

No. 2 Complete for RECEIVER OR TRUSTEE-IN-BANKRUPTCY BONDS

Case number: _____ Type of bond: _____ If Bankruptcy, give Chapter number: _____
Date of appointment: __/__/____ Does Trustee carry E&O coverage? Yes: No: Carrier Name: _____
Name, address, and phone number of attorney: _____
Name of Court in which bond filed: _____ County/District: _____
Plaintiff: _____ Defendant: _____
Name and type of business involved, if any: _____
Estimated assets: \$ _____ Describe: _____
Estimated liabilities: \$ _____ Describe: _____

**No. 3 Complete for COURT BOND (Other than 1 or 2) (Financial Statement Required)
(E.G. COST, REPLEVIN, APPEAL, LIEN)**

Amount of judgment or claim: \$ _____ Type of bond: _____
(Give full description. Give copy of pleadings if available)
Exact title of case: _____ Case number: _____ County/District: _____
Name of Court in which bond filed: _____ County/District: _____
Name, address, and phone number of attorney: _____

No. 4 Complete for PUBLIC OFFICIAL BONDS

Title or position: _____
Appointed: Elected: Term of Office: __/__/____ to __/__/____
Premium: Prepaid: Paid annually: (Discount allowed for advance payment of two years or more)
Have you previously occupied this position? Yes: No: If so, state term: __/__/____ to __/__/____
Previous surety: _____
IF TREASURER, OR OTHER OFFICIAL HANDLING MONEY, COMPLETE THE FOLLOWING:
Are office accounts audited? Yes: No: How often? _____ By whom? _____
Date of last audit: __/__/____
Were any discrepancies found? Yes: No: If so, describe: _____
Are subordinates covered by fidelity bond? Yes: No: Name of depository bank(s): _____
Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes: No: If "No", explain: _____
Is countersignature of checks required? Yes: No: If "No", explain: _____
Are securities subject to joint control of two or more responsible employees? Yes: No: If "No", explain: _____

No. 5 Complete for LICENSE & PERMIT AND FINANCIAL GUARANTEE BONDS (Financial Statement Required if Financial Guarantee)

Number of years in this line of business: _____
Number of years under this business name: _____
Have you ever failed in business? Yes: No: If so, in what year? _____ (provide full details on separate sheet)
Are you currently involved in any litigation, either with your business or personally? Yes: No: (provide full details on separate sheet)

No. 6 Complete for LOST SECURITIES BONDS (Financial Statement Required)
Attach letter of instruction from Transfer Agent

Detailed description of lost instrument: _____
 Serial # _____ Cusip # _____
 Amount: \$ _____ Face value: \$ _____ Market value: \$ _____
 Date of issue: __/__/____ Date of maturity: __/__/____ Date acquired: __/__/____
 Name of owner as it appears on the instrument? _____
 How was security lost? _____
 Are securities Bearer: Registered:
 Was security endorsed? Yes No If so, to whom? _____
 Has notice of loss been given? Yes No If so, to whom? _____
 Bond required? Fixed penalty: Open penalty: Amount of bond: \$ _____
 If the lost instrument was a check, has payment been stopped by the drawer? Yes: No: If so, when: _____

No. 7 FINANCIAL STATEMENT
(A current prepared statement may be attached in lieu of completing this Section)

- Personal Financial Statement
- Business Financial Statement
- Combined Financial Statement

Financial Statement as of: __/__/____. (Round to nearest dollar.)

ASSETS		LIABILITIES	
Cash	\$ 0.00	Accounts Payable	\$ 0.00
Marketable Securities	0.00	Notes Payable	0.00
Accounts Receivable	0.00	Due to Finance Banks/Companies	0.00
Inventory	0.00	Due on Real Estate	0.00
Notes Receivable	0.00	Other Liabilities _____	0.00
Real Estate	0.00	_____	0.00
Furniture and Fixtures	0.00	_____	0.00
Other Assets _____	0.00	TOTAL LIABILITIES	0.00
_____	0.00	NET WORTH	0.00
TOTAL ASSETS	0.00	TOTAL	0.00

