



PROBATE COURT BOND REQUEST FORM

Type of Bond: Personal Representative Conservator

This is a re-fillable pdf document. The form can be re-used each time you need a bond.

To request a bond, 1) Complete the information that is relevant to the bond you are requesting.

2) Save the form, and attach it to your email, sending it to bonds@arcwinsurance.com or fax it to 727-544-8842.

Please rush my bond request: Yes No; I need the bond by: _____

Requestor Name: _____ Attorney Name: _____

Electronically Send Bond to Email Address: _____

Firm Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Bond Amount: \$ _____ County: _____ Ct. File #: _____

Legal Name, Deceased: _____ Date of Death: _____

Name of Personal Representative/Conservator:

_____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Co-Personal Representative/Conservator:

_____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Estimated Estate Assets: \$ _____

YES* NO

Will any business of the estate be continued by Fiduciary?

YES NO

Is Personal Representative indebted to the estate?

YES** NO

Did Decedent execute a Last Will & Testament?

YES NO

Does Personal Representative replace a prior Fiduciary?

YES NO

Is this an additional bond?

YES NO

Does this bond replace a prior bond?

YES NO

Is this bond required on the demand of an interested person?

YES NO

(if YES, whom: _____)

*Attach copy of Court Order

** Attach copy if bond exceeds \$1 Million

Additional Info: _____

With email, send ALL documents to bonds@arcwinsurance.com.

Please attach any requested items above to your email or fax as necessary.