



THE

PROSURE GROUP

INC.

Professional Guardianship Application

(In order to process your application quickly please make sure all information is complete and correct.)

In order for us to properly evaluate your request please forward the following information:

- **Corporate Financial Statements** – Please provide us with the latest fiscal year end statement. This should consist of, at least, a Balance Sheet & Income Statement (or Profit & Loss).
- **Personal Financial Statements** (next page) – All owners/individual applicants must provide a personal financial statement. Similar, current forms are acceptable.

**Please note: we may ask for additional information or clarification of certain aspects of this application during the underwriting process.

Applicant Information

Name to appear on bond: _____

Mailing Address: _____

Type of Business: Individual Partnership Corporation Other _____

Telephone #: _____ Fax #: _____ Email Address: _____

Preferred Method of Contact: Phone Fax Email

Date Business was started: _____ Number of Employees: _____

Describe the Nature of your Business: _____

Amount of Bond: _____ Effective Date: _____

How did you hear about us: _____

Ownership Information

(Complete the following if applicant's a company)

Name: _____ % Owned: _____ Soc. Sec. #: _____

Date of Birth: _____ Spouse: _____ Years Owned Bus.: _____ Years of Experience: _____

Address: _____ Home Phone #: _____

Name: _____ % Owned: _____ Soc. Sec. #: _____

Date of Birth: _____ Spouse: _____ Years Owned Bus.: _____ Years of Experience: _____

Address: _____ Home Phone #: _____

Bonding Information

Number of cases currently bonded: _____

What Surety company issued the bonds: _____

Name of agent/broker who you obtain your surety bonds from: _____

Are you a member of the Professional Fiduciary Association of California: Yes No

Has any company refused to issue or continue providing bonds for you: Yes No

If yes, please explain: _____

"Your Leading Bond Team"

Limits of Insurance

Coverage	Amount	Name of Insurer
Professional Liability Insurance:	\$ _____	_____
Directors & Officers Liability Insurance:	\$ _____	_____
Fidelity Bond:	\$ _____	_____
List any other coverage:	\$ _____	_____
	\$ _____	_____

Legal Representation

Attorney Firm: _____

Attorney's Address: _____

Contact name: _____ Title of Contact: _____

Phone: _____ Fax: _____ Email: _____

Please detail your current case load: _____

Who prepares and reviews the case accountings: _____

List three attorneys and their firms that have represented you as a fiduciary:

1. _____
2. _____
3. _____

Additional Information

Scope of CPA Financial Statement preparation: Internal Compilation Review Audit None

How often is the statement prepared: Quarterly Semi-Annual Annual

Does someone other than the person responsible for reconciling bank accounts:

Make Deposits: YES NO Make Withdrawals: YES NO Sign Checks: YES NO

If "No", explain _____

Is countersignature of all checks required: YES NO If yes, what is the dual signing limit: \$ _____

How are cash receipts **for** your clients accounts handled: _____

How are cash disbursements **from** your clients accounts handled: _____

How are the Investments for client accounts handled: _____

Do you have a safe that is used for client property: _____

How is the reporting of insurance claims and insurance reimbursements handled: _____

If any revenue is generated from sources other than client fees, please detail their percentages of total revenue: _____

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.

F.S. Sec 817,234(1) (b), "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____

"Your Leading Bond Team"