



AMERICAN SURETY BONDS

1935 Cliff Valley Way NE, Ste
115 Atlanta, GA 30329
(404) 486-2355 (Main)
(877) 201-8976 (Toll Free)
(404)393-0826 (Fax)
info@suretybondsagency.com
www.suretybondsagency.com

Underwriting Review Sheet ~ Conservator/Guardian of an Incapacitated Adult

Bond Amount: _____ Probate Court (County): _____

Conservator/Guardian Information

Name: _____

Home Address: _____

SSN: _____ Date of Birth: _____

Estimated Net Worth: _____ Married Single Divorced

Relationship to Ward: _____ Natural Parent? Yes No

Do you own a home? Yes No Date Home was Purchased: _____

Original Cost: _____ Current Value: _____

Employer/Position: _____ How long have you been employed? _____

Spouse's Name: _____ Spouse's SSN: _____

Spouse's Date of Birth: _____ Spouse's Employer/Position: _____

Ward Information

Full Name of Ward: _____

SSN: _____ Date of Birth: _____

With whom does the ward live: _____

Ward's Attorney: _____ Firm Name: _____

Attorney Contact Information: _____

Underwriting Information

What is the source of the funds? _____

Where will the funds be kept? _____ Is this a structured settlement? Yes No

Will the funds be used to support the Ward? Yes No Is there any current litigation? Yes No

List two next of kin to the Conservator/Guardian:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

Contact Information

Attorney Name: _____ Firm: _____

Attorney Address: _____

Attorney Phone: _____ Attorney E-mail: _____

Conservator/Guardian Phone: _____ Conservator/Guardian Cell Phone: _____

Conservator/Guardian Work Phone: _____ Conservator/Guardian Email: _____

I understand that as a part of the underwriting process a credit report will be ordered on the Conservator/Guardian and spouse (if married). I agree and accept this as part of the underwriting review sheet that has been completed by the Conservator/Guardian, my attorney or surety in consideration of my bond request.

Signature: _____ Date: _____