



BOND APPLICATION CUSTODIAN OF VETERAN'S FUNDS BOND

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact where to, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	Applicant	Insurance Agent	Attorney	Other
Email Address	Phone Number	Fax Number		

By submitting this Application, the owners listed below hereby authorize BondAbility, (including any of its representatives affiliates, agents or designees) to conduct any and all investigative inquiries including but not limited to obtaining consumer credit reports. Give the following information on each owner or stockholder, including yourself.

APPLICANT INFORMATION

Applicant Name (Exactly as to appear on the Bond)	Social Security Number
Street Address	City State Zip
Occupation	How long so engaged?
Amount of Bond required	Type of Bond Bond required by the Department of Veteran's Affairs

VETERAN'S INFORMATION

Name of Attorney	Address	City	State	Zip
Will Attorney remain involved in handling the estate? Yes No	Address of local Veteran's Affairs Office			
Name of Veteran	Veteran's Date of Birth	Is there a continuing business? Yes No		
Your Relationship to Veteran	Are you indebted to the veteran? If yes, explain. Yes No			
Please provide location and condition of veteran.				
Date veteran first started receiving benefits				
Are the veteran's funds to be used for the veteran's care and support? Yes No				
Description of assets				
Cash \$ _____ Real Estate \$ _____ Stocks \$ _____ Other \$ _____				