



APPLICATION FOR (please check applicable box)

Form J1 (Revised May 2015)

- Administration Bond
 Administration with Will Annexed Bond
 Guardianship Bond
 Property Guardianship (Committee) Bond

Agent/Broker _____

Bond Amount \$ _____

Questions 1-7 to be completed for all bond requests

(REQUIRED - PLEASE COMPLETE)

1. Full name of applicant _____
 Residence address _____ Postal Code _____
 Email address _____ Phone Number _____
 Occupation or employment (if retired, previous occupation) _____
 Name of employer _____ Employed since _____

2. Has applicant ever had this or any other bond declined or cancelled: Yes No
 If yes, give reason, date and Bonding Company: _____

3. On what date were you appointed to this trust? _____
 Will this be the first and only bond you will have in this matter? _____
 If not, who is the current surety for you, and why is it desired that our bond be substituted therefore? _____

4. Relationship of applicant to deceased, infant, or mentally incompetent (as the case may be)? _____

5. Is the estate subject to dispute, or litigation either now or anticipated in the future? Yes No

6. Name and address of solicitor for the estate

7. Are you or is any corporation, co-partnership or other concern in which you have an interest indebted to the estate? _____
 If so, what is the amount and nature of said indebtedness and how is same secured? _____

Questions 8 – 13 inclusive relate only to Administration or Administration with Will Annexed Bonds

8. Name in full of deceased _____
 Place of death _____ Date of death _____

9. Names, ages, relationship and address of the beneficiaries entitled to the estate. If any minors or other legally incompetents, advise by letter what legal disposition will be made of their shares in the estate.

Name	Age	Relationship to Deceased	Residence Address (Number, Street, and City)

10. In which Court and County (or Registry in British Columbia) are letters of administration being applied for? _____
 _____ Name of judge _____

11. a. Did the deceased die Testate Intestate
 b. If Testate attach copy of will
 c. Explain (on a separate sheet) details of how any trust is to be administered

12. If the estate includes a **Business** or **Farm** among the assets, state its name, its nature and whether it will be continued or wound up immediately.

13. a. It is expected that realization and distribution of the estate will be closed out within _____ months or _____ years
 b. If over two years please explain why not earlier _____

Questions 14 – 16 inclusive relate only to Property Guardianship (Committee) Bonds

14. a. Name of incompetent _____ b. Age of incompetent _____
 c. Where does incompetent reside now? _____

15. a. To what court is application being made? _____
 b. Name of Judge _____

16. a. How often will a passing of the accounts take place? _____
 b. If less frequent than every two years, explain why: _____

Questions 17 – 24 inclusive relate only to Guardianship Bonds

17. a. Names and addresses of father and mother of infants, if living _____
 b. If father or mother deceased, give date and place of death _____

18. Names and ages of the infants in respect of whom letters of guardianship are being applied for _____

19. With whom and where do they reside? _____

20. State manner in which estate devolves upon infants whether by will, deed or other document or by intestacy. If by will, deed or other document, attach copy _____

21. Nature and amount of assets devolving to infants _____

22. To what court is application for letters of guardianship being made? _____

23. When will guardianship be ended? _____

24. a. How often will a passing of the accounts be made? _____
 b. If less frequent than every two years, explain why _____

25. I am enclosing a copy of the proposed court order in connection with this application for guardianship/committee bond
 Yes No If no, explain why not _____

26. I am enclosing a true copy of the list of assets and liabilities of the **estate** Yes No If no, please explain why not **and** attach a copy of the breakdown furnished to the Court _____

27. Statement of assets and liabilities of APPLICANT

Assets	Omit Cents	Liabilities	Omit Cents
R.R.S.P.'s (all types)	\$	Credit cards	\$
Deposits in Banks, Trust Cos. etc. (inc. Dep. Cert., CS Bonds)		Accounts Payable/Unpaid Bills	
Marketable Stocks, Bonds and Mutual Funds (present market value)		Current Bank or Credit Institution Loans	
Accounts and notes receivable		Long Term Bank or Credit Institution Loans	
Inventory		Mortgages	
Real estate (type and location)			
		Other Loans and Notes payable	
In whose name(s) is it registered?		All other debts and liabilities consisting of	
Other assets consisting of CAR, HOUSEHOLD CONTENT			
Total	\$	Total	\$

Please provide the names and addresses of three references not related to you:

Name	Occupation	Daytime Phone No.	Address

PLEASE READ THIS CAREFULLY

I warrant the truth of the answers given to the foregoing questions and in consideration of Western Surety Company ("WSC") agreeing to execute the Bond herein applied for, I do hereby undertake and agree to pay, or cause to be paid, to WSC, the premium therefor in accordance with the regular scheduled rates of WSC then in force, and annually thereafter pay to WSC in advance the premium therefor in accordance with its rates until WSC shall be discharged and released from any and all liability thereon and furnished with written legal evidence of such discharge.

I further agree to comply strictly with all conditions of the Court and all the requirements of law in the performance of my trust including passing of accounts as stipulated by law; and I agree at any reasonable time to furnish WSC with information regarding the administration of the estate concerned and to allow it to inspect the books, records and accounts thereof; and I hereby covenant and agree to reimburse WSC for any and all loss, costs, charges, suits, damages, counsel fees and expenses of whatever kind or nature which WSC shall sustain, or incur, or be put to, for, or by reason, or in consequence of WSC having entered into or executed said Bond.

I authorize use of the information requested on this form by WSC for the purposes of processing the application to which it relates, risk assessment, providing services, investigating claims, processing claims and any other purpose authorized by law (each, an "Authorized Purpose"). I authorize access to, and disclosure of, this information to those WSC employees, contractors, administrators, reinsurers and agents who have a need to know for any Authorized Purpose and to any other person as authorized by law. I authorize WSC to use any information about me contained in WSC's existing files for any Authorized Purposes. To the extent I am providing any information on this form about a third party, I confirm that I have the authority to provide such information.

I authorize WSC and its agents to periodically investigate my credit history, financial standing, character and reputation for any Authorized Purpose. I authorize my credit reporting agency, financial or other institution with whom I have had dealings and any reference provided by me to disclose to WSC and its agents any information about me in connection with any such investigation.

WITNESS my hand and seal this _____ day of _____, _____.

 Witness (Seal)