



**APPLICATION FOR** (please check applicable box)

**Form J1 – 4 Applicant Form (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. **Applicant #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 \_\_\_\_\_

**Applicant #2** Full name of applicant: \_\_\_\_\_  
 Residence address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Occupation or employment (if retired, previous occupation) \_\_\_\_\_  
 Name of employer \_\_\_\_\_ Employed since \_\_\_\_\_

**Applicant #3:** Full name of applicant: \_\_\_\_\_  
 Residence address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Occupation or employment (if retired, previous occupation) \_\_\_\_\_  
 Name of employer \_\_\_\_\_ Employed since \_\_\_\_\_

**Applicant #4:** 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 #1** to deceased, infant, or mentally incompetent (as the case may be)? \_\_\_\_\_  
 Relationship of **Applicant #2** to deceased, infant, or mentally incompetent (as the case may be)? \_\_\_\_\_  
 Relationship of **Applicant #3** to deceased, infant, or mentally incompetent (as the case may be)? \_\_\_\_\_  
 Relationship of **Applicant #4** 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 (Use Form G8 for Applicants #2, #3 & #4)**

<b>Assets</b>	<b>Omit Cents</b>	<b>Liabilities</b>	<b>Omit Cents</b>
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			
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**For each applicant**, please provide the names and addresses of three references (not related through family):

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

\_\_\_\_\_  
Applicant # 1

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant # 2

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant # 3

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant # 4