



GUARDIAN BOND REQUEST FORM

Type of Bond: Guardian Federal VA Fiduciary Guardian

This is a re-fillable pdf document. The form can be re-used each time you need a bond.

To request a bond, 1) Complete the information that is relevant to the bond you are requesting.

2) Save the form, and attach it to your email, sending it to bonds@arcwinsurance.com or fax it to 727-544-8842.

Please rush my bond request: Yes No; I need the bond by: _____

Requestor Name: _____ Attorney Name: _____

Electronically Send Bond to Email Address: _____

Firm Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Bond Amount: \$ _____ County: _____ Ct. File #: _____

Legal Name of Ward: Minor Incapacitated

_____ Ward Date of Birth: _____

Name of Guardian: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Co-Guardian: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian's relationship to the wards or minors: _____

Will Guardianship funds be used for support of minors? YES* NO

Will any business of wards be continued by Fiduciary? YES** NO

Is Guardian indebted to ward? YES NO

Will joint control be exercised? YES NO

Does applicant replace a prior Fiduciary? YES NO

Is this an additional bond? YES NO

Does this bond replace a prior bond? YES NO

Is this bond required on the demand of an interested person? YES NO

(if YES, whom: _____)

Will a Supplemental Needs Trust be created? YES*** NO

Has the ward(s) executed a Last Will & Testament? YES**** NO

*Attach copy of Court Order authorizing monthly expenditures

** Attach copy of Court Order

*** Attach a copy of the Trust, if executed

**** Attach a copy if bond exceeds \$1 Million

Additional Info: _____

With email, send ALL documents to bonds@arcwinsurance.com.

Please attach any requested items above to your email or fax as necessary.