

**BOND/CASE INFORMATION**

Type of Bond (Attach Bond Form)	Amount of Claim or Judgment \$	Effective Date	Name of <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff
Amount of Bond \$	Date of Judgment	Docket Number	
Exact Title of Action	Basis of Action	Describe property being attached or otherwise involved	
Name of Court	Court Address	If injunction or restraining order bond does applicant anticipate a foreclosure collection against him? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the purpose of the Bond:			
The Attached Financial Statement(s) or Tax Return(s) is (are) current as of:     /     /     and are <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Both			

**ATTORNEY INFORMATION**

Attorney Name	Firm Name	How long has Attorney know applicant?	
Address	City	State:    ZIP	Phone                      Fax

**APPLICANT INFORMATION (if Individual)**

Individual's Name:	Soc Sec #	DOB:	Relationship to Ward:						
Residence Address	City	State:    ZIP	Phone:	Fax:					
Email:	Cell / Other #	Personal Net Worth:		Monthly Income:					
Occupation	Employer Name & Address		Phone	Fax:					
Are You the Trustee, Trustor, or Beneficiary of any Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declare Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or prior IRS liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any lawsuits pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever failed in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's experience in handling Fiduciary Responsibilities:									
Spouse's Name:	Soc Sec #		DOB:						

**APPLICANT INFORMATION (if Business)**

Business Name	FIN	Business Email	Phone	Fax
Authorized Signer Name	Social Sec #	Position	Phone	Fax
Address	City	State	ZIP	Monthly Revenue \$
Business Formation Type:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Corp <input type="checkbox"/> LLC	Years of Experience	Years in Business Years in Location
Date Business Formed:	/    /	# of Owners Partners, Members:	Annual Business Income: \$	Annual Other Income: \$
What is the best way to notify you?	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	

**BOND DELIVERY**

How do you want your bond delivered?	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Overnight Mail (\$15 surcharge) or provide Delivery Service & Acct #
	<input type="checkbox"/> Pick-up	<input type="checkbox"/> Other

**Fraud Statement** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim, or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree

**Correspondence Address:**  
18530 Mack Ave. Box 220  
Grosse Pointe Farms, MI  
48236-3254

**Office Location**  
18301 East Eight Mile Road  
Suite 109  
Eastpointe, MI 48021-3226

**Contact**  
(phone) 586-498-9780  
(fax) 586-498-9784  
(email) [Info@SBSAgency.com](mailto:Info@SBSAgency.com)