



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 Code: _____

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

Legal Name of Ward: ☐ Minor ☐ Incapacitated

Ward Date of Birth: _____

Name of Guardian: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

Address: _____ City: _____ State: _____ Zip Code: _____

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

Send Bond Invoice to: Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____