



LANCE SURETY  
BOND ASSOCIATES, INC.

4387 Swamp Road #287, Doylestown, PA 18902

PH: (877) 514-5146 FAX: (267) 362-4817

[www.suretybonds.org](http://www.suretybonds.org)

# BOND APPLICATION

## CUSTODIAN OF VETERAN'S FUNDS BOND

PLEASE INCLUDE A COPY OF ALL CORRESPONDENCE FROM THE VETERAN'S ADMINISTRATION

### Contact Information

Contact Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Applicant Information

Applicant Name (Exactly as to appear on the bond): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Amount of Bond required: \_\_\_\_\_

### Veteran's Information

Name of Veteran: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

In there a continuing business: Yes No

Your Relationship to Veteran: \_\_\_\_\_

Are you indebted to the Veteran: Yes No

If yes, please explain: \_\_\_\_\_

Please provide location and condition of veteran: \_\_\_\_\_

Date veteran first started receiving benefits: \_\_\_\_\_

Are veteran's funds to be used for the veteran's care and support? Yes No

Description of assets:

Cash \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Will Attorney Remain Involved: Yes No

Address of local Veteran's Affairs Office:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax to (267) 362-4817, or email to [applications@suretybonds.org](mailto:applications@suretybonds.org).