



Surety
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Travelers Insurance Company of Canada
 1010, De La Gauchetiere street West
 Suite 1100
 Montreal (Quebec) H3B 2N2
www.travelerscanada.ca

APPLICATION FOR LOST INSTRUMENT BOND

1. Full name of applicant: _____
 Street Address: _____

 How long have you resided in present locality? _____ Age: _____
 Single or married? _____ If married, are you separate as to property? _____
 Occupation and name of employer: _____
 Length of service: _____
 Social Insurance Number: _____

2. If lost document is a stock certificate, give the following information:
 (a) Number of Certificate and name of issuer: _____
 (b) Number of shares represented: _____
 (c) Name in which shares are registered: _____
 (State exactly as it appears on Certificate)
 (d) Was Certificate endorsed? _____
 (e) Value of accumulated dividends, if any: _____
 (f) Name and address of Registrar: _____
 (g) Name and address of Transfer Agent: _____

3. If lost document is a bond:
 (a) Number of bond and name of issuer: _____
 (b) Was it in " **bearer** " form? _____ Fully Registered? _____
 Registered as to Principal only? _____
 (c) Name in which registered: _____
 (State exactly as it appears on Bond)
 (d) Was Bond endorsed? _____
 (e) Value of Bond-Principal: \$ _____
 (f) Value of coupons attached, if any: \$ _____

4. If lost document other than a stock certificate or bond, describe fully: _____

Initials

5. Describe fully the circumstances of loss: _____

Was the issuer or Transfer Agent notified? _____
 Has applicant ever been refused a bond in this, or any other connection? _____

If so, give details _____

Name and Address of your Bank: _____

Name and Address of two references (not relatives) whom you have known for at least five years and to whom we may refer: _____

6. **IMPORTANT - PLEASE ATTACH LETTER FROM TRANSFER AGENT CONFIRMING THAT A STOP TRANSFER HAS BEEN PLACED**

7. **PERSONAL FINANCIAL STATEMENT**

ASSETS		LIABILITIES	
Cash on hand (Bank))		Bank Loan	
REER		Credit Cards	
Stocks and bonds		Mortgages or other Liens	
Accounts Receivable		Other liabilities (Give Description)	
Real Estate (describe - whose name)			
Other assets		Long Term Debts	
		TOTAL LIABILITIES (L)	
TOTAL ASSETS (A)		NET WORTH (A-L)	

Value of real estate registered in your name: _____
 Location: _____
 Amount of mortgage, if any: _____
 What is the liquid value of other property or investments owned by you ? _____
 Describe briefly the nature of such assets: _____

 What is the total amount of your debts, if any? _____

The undersigned declares that the information contained in this application is true and, in consideration of the execution by **TRAVELERS INSURANCE COMPANY OF CANADA** of the bond applied for, agrees as follows:

1. To pay the premium therefor upon execution of said bond by the Company.
2. To indemnify and save harmless the said Company from and in respect of any and all liability, claims and/or demands to which it may be exposed or subject and all loss, costs, damages and expenses whatsoever, to include legal and law costs at law or in equity, or liability therefor, which it may be called upon to sustain or incur by reason of its said Bond, or making any investigation on account of same, and to immediately upon the demand of said Company place in its possession funds, either in cash or liquid securities, sufficient to meet the payment of any loss, damage, costs, charges or expenses, that it may be called upon to sustain by reason of its said Bond, and to admit the voucher or other proper evidence of payment by it of any loss, damage, costs, charges or expenses under its said Bond to be conclusive evidence against us and each of us of the fact and extent of our liability to it under this agreement, and we and each of us do hereby renounce the benefits of division and discussion and do hereby declare that we clearly understand this agreement and have willingly signed.
3. That this undertaking shall extend to include and be binding upon my heirs, executors, administrators successors and assigns.

Dated _____

Witnessed by: _____

Signed: _____
 (Full name of applicant)

Initials			

DEED OF INDEMNITY

IN CONSIDERATION of the Company executing or procuring the bond referred to in the foregoing Agreement of Applicant, each of the undersigned agrees to be bound by the foregoing Agreement as a party referred to therein as the "undersigned", their obligations being solidary.

THE UNDERSIGNED ACKNOWLEDGE HAVING RECEIVED A COPY OF THE AGREEMENT, CAREFULLY READ IT AND THAT THEY UNDERSTAND ALL OF THE TERMS AND CONDITIONS OF THE PRESENT AGREEMENT AND THAT THERE EXIST NO OTHER AGREEMENTS OR UNDERSTANDINGS WHICH IN ANY WAY COULD LESSEN OR MODIFY THE OBLIGATIONS SET FORTH HEREIN.

PERSONAL INDEMNITORS SIGN HEREUNDER

WITNESSES

PERSONAL INDEMNITORS

Typewritten name

Typewritten name

Signature

Signature of personal indemnitor

Address: _____

Address: _____

Typewritten name

Typewritten name

Signature

Signature of personal indemnitor

Address: _____

Address: _____

CORPORATE INDEMNITORS AND/OR PARTNERSHIPS SIGN HEREUNDER AND ATTACH THE RELEVANT RESOLUTION FROM THEIR BOARD OF DIRECTORS.

WITNESSES

INDEMNITORS

Typewritten Name

Name of corporation or partnership

Typewritten name of authorized officer and title

Signature

Signature

Address: _____

Address: _____

SEAL

Typewritten Name

Name of corporation or partnership

Typewritten name of authorized officer and title

Signature

Signature

Address: _____

Address: _____

SEAL

Initials

**Consents under the Act respecting the protection
of personal information in the private sector
(Province of Quebec)**

WHEREAS TRAVELERS INSURANCE COMPANY OF CANADA (hereinafter called the "Surety"), from time to time, require personal information concerning the undersigned persons (hereinafter called the "Undersigned") in order to establish a file on them, for purposes of recording personal information and verifying from time to time, whether at the time of underwriting Bonds or during the existence of such Bonds or upon the occurrence of claims, their solvency, place of residence or location of their assets;

THEREFORE THE UNDERSIGNED SPECIFICALLY GIVE THEIR CONSENT THAT:

1. The Surety may establish a file on them, for the purposes set forth in the preamble hereto, in order to record information obtained for such objects; and
2. The Surety may collect the said information from third parties, including credit bureaus, banks, financial institutions, obligees, architects, engineers, accountants, subtrades or suppliers possessing such information;
3. The Surety may use and exchange with third parties the information contained in its file, when it becomes necessary to obtain further information from third parties, to complete information already in its file; and
4. Third parties, including credit bureaus, banks, financial institutions, obligees, architects, engineers, accountants, subtrades or suppliers, may communicate to the Surety all information relating to the solvency of the Indemnitors, their place of residence and the situs of their assets, whether at the time of underwriting Bonds or during the existence of such Bonds or upon the occurrence of claims and so long as the Surety has any liability whatsoever in virtue of such Bonds.

THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT:

5. They have been informed of the object of the file which has been or could be established on them by the Surety as well as of the use to which such information will be put and they acknowledge that such object is serious and legitimate and that such use is necessary to the conclusion and the performance of Bond; and
6. Any person in the underwriting or claims departments of the Surety may use such information for the objects set out above; and
7. The Surety has advised them of the place where their file is kept, that is at any of the Surety's offices, as well as of their right of access to and rectification of such file; and
8. The use and communication of the information contained in their file established by the Surety may continue so long as the Surety has any potential liability whatsoever under Bonds it will have issued.

PERSONAL INDEMNITORS SIGN HEREUNDER, THIS

DAY OF

WITNESSES

PERSONAL INDEMNITORS

Typewritten name

Typewritten name

Signature

Signature of personal indemnitor

Address: _____

Address: _____

Typewritten name

Typewritten name

Signature

Signature of personal indemnitor

Address: _____

Address: _____

Initials
