

PRIVACY CONSENT

The undersigned acknowledges that in order for St. Paul Fire and Marine Insurance Company and Travelers Guarantee Company of Canada ("Travelers Canada") to evaluate any application for Travelers Canada's products, that Travelers Canada will collect certain personal information about the undersigned, including the information contained in this application and other information gathered through legal means.

The undersigned hereby consents to the following:

1. the collection of personal information concerning the undersigned;
2. the disclosure of the undersigned's personal information in the ordinary course of business to reinsurers, legal advisors, credit bureaus, other financial institutions, regulatory bodies and any third party deemed necessary by Travelers Guarantee Company of Canada; and
3. the disclosure of the undersigned's personal information for the purposes of underwriting bonds, bond or policy management, which shall include conducting initial and on-going credit investigations as well as Company activities associated with all extensions, renewals, substitutions and modifications of the bond or policy, and claims administration.

In the event information about other individuals (e.g. family members, employees, shareholders) is provided, the undersigned represents and warrants that those persons have consented, to the extent required by law, to the collection, use and disclosure of their personal information for the aforementioned purposes.

Travelers Canada's Privacy Policy is available for review online at www.travelersguarantee.com. If you wish to have a copy of this Policy by mail, or if you have any questions about the Privacy Policy of Travelers Canada, please contact our Privacy Officer at (800) 330-5033 or (416) 360-8183.

Subject to any legal limitations, you may access and correct, where necessary, your personal information held by Travelers Canada. If you would like to do so, please contact our Privacy Officer at our registered address:

Privacy Officer
Travelers Canada
20 Queen Street West, Suite 300
P.O. Box 6
Toronto, Ontario
M5H 3R3

By signing this form you consent to the collection, use and disclosure of the information described in this notice.

Without this consent we will be unable to consider your application.

Name of Client:

WITNESS:	CLIENT OR PERSONAL INDEMNITOR:
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Address: _____	Address: _____
_____	_____
Date: _____	Date: _____