



Surety  
 Tel 514.875.0600  
 Toll Free 800.361.9427  
 Fax 514.875.0666

**Travelers Guarantee Company of Canada**  
 1010 de la Gauchetiere ouest  
 Suite 1100  
 Montreal, Quebec H3B 2N2  
 www.travelersguarantee.com

**BOND APPLICATION  
 LICENSE & PERMIT - FORM No. 1817**

Broker's Name: «Broker»	Nature or type of bond required: «BondWordingExternalName»	
Bond No.: «BondNumber»	Amount: «BondAmtNumerical» \$	Effective date:

**INFORMATION REGARDING THE APPLICANT:**

**Name of Applicant:** «Principal»

Business Address: «Address1», «Address2», «City», «State»	Postal Code: «PostalCode»
Nature of business or occupation:	Date of Incorporation:
Business Phone: _____ Fax : _____	E-Mail Address:
Cellular Phone: _____	Internet Address:

**ADDITIONAL INFORMATION REGARDING THE APPLICANT:**

- Has a Bond request ever been declined to you?  No  Yes, please provide details:

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- If there is a change of Surety Company, please indicate the reason:

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- Are there other Bonds presently in force issued by another Surety company for the Applicant or for any other associated company related to the Applicant;  
 No  Yes, please provide name of the company and bond number:

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- Has the applicant (individual, society or company or member of one or the other has ever failed in business, compromised with creditors: are there any lawsuits, judgments or liens pending against the Applicant or its Owners?  No  Yes , please provide details:

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- Are the shareholders and / or administrators owners or shareholders of other companies? If yes, please provide name and nature of the activities:

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- Are you Indemnitor or Endorser for a third party?  No  Yes, please explain :

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• When is your fiscal year-end?	Do you prepare interim statements? <input type="checkbox"/> No <input type="checkbox"/> Yes
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- If you formulate a bond renewal request for a recycled auto dealer permit, please indicate the license number held with the S.A.A.Q.:

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• If it is a partnership or a corporation, list all Corporate Officers, Partners, Owners, Shareholders, Directors:

Name	Address of residence	% of shares	Date de birth	Civil Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BANK REFERENCES:**

1. Name and address of your Bank:

\_\_\_\_\_

\_\_\_\_\_

Loan Officer: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The Applicant hereby authorizes the above mentioned bank to provide the Surety with information pertaining to account balances, credit margin or any other information that the Surety considers necessary regarding the Applicant's business.**

**NOTICE AND ACKNOWLEDGEMENT**

If, within this application, Applicant must submit personal information on anyone, within the meaning of the Act respecting the *protection of personal information in the private sector*, Applicant acknowledges having obtained such information from the persons concerned or from third parties with the consent of such persons, from whom Applicant has obtained consent to communicate such information for the purpose of this application.

Initials				



**DEED OF INDEMNITY**

IN CONSIDERATION of the Surety executing or procuring the bond referred to in the foregoing Agreement of Applicant, each of the undersigned intervenes to the foregoing Agreement and agrees to be solidarily bound with the Applicant towards the Surety, as to all of the obligations of the Applicant under the foregoing Agreement, to the same extent and in the same manner as if the undersigned had personally signed said Agreement, their obligations being solidary, each undersigned renouncing to the benefits of division and of discussion.

The present agreement shall only be terminated by any Indemnitor, upon prior written notice to the Surety by registered mail and at its head office, at least thirty days prior to its effective date; however, the said prior notice of termination will not modify, nor exclude, nor discharge the Indemnitors' obligations relating to Bonds issued prior to the effective date of termination or Bonds issued after the effective date of termination by reason of undertakings by the Surety prior to such date; the present agreement will remain in full force and effect as regards the other Indemnitors without any obligation on the part of the Surety to advise such other Indemnitors of such termination.

**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: \_\_\_\_\_

\_\_\_\_\_  
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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typewritten name of authorized officer and title

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

\_\_\_\_\_  
Signature

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

SEAL

\_\_\_\_\_  
Typewritten Name

\_\_\_\_\_  
Name of corporation or partnership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typewritten name of authorized officer and title

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

\_\_\_\_\_  
Signature

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

SEAL

Initials


**CONSENTS UNDER THE ACT RESPECTING THE PROTECTION  
of personal information in the private sector  
(Province of Quebec)**

WHEREAS **TRAVELERS GUARANTEE 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:

1. 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
2. Any person in the underwriting or claims departments of the Surety may use such information for the objects set out above; and
3. 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
4. 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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Typewritten name

\_\_\_\_\_  
Signature

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

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Typewritten name

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Signature

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

\_\_\_\_\_  
Typewritten name

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Signature

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

\_\_\_\_\_  
Typewritten name

\_\_\_\_\_  
Signature of personal indemnitor

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

\_\_\_\_\_  
Typewritten name

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Signature of personal indemnitor

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

\_\_\_\_\_  
Typewritten name

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Signature of personal indemnitor

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

\_\_\_\_\_  
Typewritten name

\_\_\_\_\_  
Signature of personal indemnitor

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

Initials
