

**ACKNOWLEDGEMENT AND CERTIFICATE OF  
INDEPENDENT LEGAL ADVICE**

*Any masculine reference shall be considered masculine, feminine or plural, where applicable.*

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ of the \_\_\_\_\_ of

\_\_\_\_\_ in the province of \_\_\_\_\_,

personally appeared before me with respect to the liability he incurs or may incur on the signing of the Application and Indemnity Agreement in favour of Travelers Insurance Company of Canada (hereinafter referred to as the "Indemnity Agreement")

I fully explained the nature and effect of the Indemnity Agreement to him. He has stated to me and I am satisfied that he fully understands the nature and effect of the Indemnity Agreement and that he executed it freely and voluntarily and not under any undue influence exercised by any other party.

Subsequently, he executed the Indemnity Agreement, which is dated the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_ in my presence. I signed as a witness to his execution of the Indemnity Agreement given at \_\_\_\_\_, in the

Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

A.D. \_\_\_\_\_, under my hand and seal of office.

\_\_\_\_\_  
A Solicitor in and for the Province of

\_\_\_\_\_  
Printed Name of Solicitor

\_\_\_\_\_  
Address

I HEREBY acknowledge that \_\_\_\_\_ fully explained the nature and effect of the Indemnity Agreement. I confirm that I understand the nature and effect of the Indemnity Agreement and that I have executed it freely and voluntarily.

\_\_\_\_\_  
Name