

Travelers Insurance Company of Canada 1010 de la Gauchetière Street West

Suite 1100 Montreal, Quebec H3B 2N2 Tel (514) 875-0600

Affidavit of Loss COMPLETE IN TRIPLICATE

www.travelerscanada.ca

I / We (print name),				(hereinafte
called "Deponent") of	legal age, being duly swo	rn, depose and state that	:	
1. Deponent's Full /	Address (Please include	Province/State and Post	al/Zip Code):	
2. a) Deponent's H	Home Phone:			
2. a) Deponents i	ione i none.			
b) Deponent's B	Business Phone:			
c) Deponent's E	mail:			
3. Applicant(s) Birt	h date (dd/mmm/yy):			
.,	, ,,,			
4. If the Deponent is	s a corporation: I am aut	horized to make this Affic	davit on behalf of	
	· · · · · · · · · · · · · · · ·		and have personal knowledge of the	facts haroinefter depond to
-			and have personal knowledge of the	racis hereinaiter deposedio.
5. Description of Lo	ost Share Certifica	ate Bond (herei	nafter called the "Original", whether one	ormore):
Certificate/Bond	Number of Shares	Class of Shares	Issued By (hereinafter referred to as	Registered in the Name of
Number	/ Bond Value (\$)	(i.e. common, Class A etc.)	the "Issuing Corporation")	
	l has been lost, stolen, d	estroyed or misplaced ur	nder the following circumstances:	
a) How Lost:				
b) Where Kept:				
c) When misplace	ed / Date of loss (dd/mmr	m/yy):		
d) If stolen, provid	de details and copy of po	lice report:		
, , , , , , , , , , , , , , , , , , ,	., ,			
7. Was Original end	dorsed for transfer?	YES NO 🔲		
If YES, describe for	rm of endorsement and s	tate whether signature w	as guaranteed.	
8. Deponent has	made or caused to be m	ade a search for the Orig	inal and has been unable to find or recov	ver same.
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			_
 a) Deponent was the unconditional owner of the Original at the tir b) neither the Original nor the rights of the Deponent therein have or otherwise disposed of, in any manner whatsoever; and c) no person, firm or corporation other than Deponent has any right d) Deponent's interest in the Original is in a representative or 	re, in whole or in part, been assigned, transferred, hypothecated ght, title claim, equity or interest in, to, or respecting the Original	, pledged	
Denonent is	for		
Deponent is (example – Estate Trustee, Administrator, Guardian,	for, Power of Attorney, etc.)		
The following person(s) have an interest in the Original as indicated	d helow-		
Name and Address:	u below,	Percentage of Interest:	_
			n/.
		-	%
		9	6
		9	6
10. If Deponent should find or recover the Original, Deponent will in for cancellation without receiving any consideration thereof.	mmediately surrender the same to the Issuing Corporation, its	transfer agents, or trustees	_
Signed sealed and dated, this	day of		
DEPONENT SIGN HEREUNDER:			_
	On thisday of	, 20before	_
Signature of Deponent	me personally appeared	to	
	me known and known to me to be the individual de the foregoing instrument, duly acknowledges to me t	scribed in and who executed	
Printed Name of Deponent & Title if Applicable	for the purpose above stated, and being duly sworr statements therein contained are true.		
Address of Deponent	A Commissioner Notary public in and for the Provin	nce/State	
	of		
The Mark of the control of the contr	Notary Public	(Affix Notarial Seal)	
Phone Number of Deponent	MyCommissionExpires:		i
			_
			_
	On thisday of	, 20before	
Signature of Deponent	me personally appeared	to	
	me known and known to me to be the individual de the foregoing instrument, duly acknowledges to me t	that he/she executed the same	
Printed Name of Deponent & Title if Applicable	for the purpose above stated, and being duly sworr statements therein contained are true.	n, did depose and say that the	
Address of Deponent		Ctata	
Address or Deponent	A Commissioner Notary public in and for the Provi		
	of		
	Notary Public	(Affix Notarial Seal)	
Phone Number of Deponent			
	My Commission Expires:		
			-
	On thisday of	, 20 <u>before</u>	1
Signature of Deponent	<u> </u>		
Signature of Deponent	me personally appeared_ me known and known to me to be the individual de		
Printed Name of Deponent & Title if Applicable	the foregoing instrument, duly acknowledges to me t for the purpose above stated, and being duly sworr		
Pr ···	statements therein contained are true.	, -	
Address of Deponent	A Commissioner Notary public in and for the Provin	nce/State	
	of		
			
Phone Number of Deponent	Notary Public	(Affix Notarial Seal)	
Phone Number of Deponent	MyCommissionExpires:		Ш