



License and Permit Bond Application

BROKER / AGENT _____

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Application is hereby made for a bond as follows:

BOND TYPE _____

BOND AMOUNT \$ _____

EFFECTIVE DATE _____

IF APPLICANT IS AN INDIVIDUAL

Applicant's Full Name _____

Residence Address _____

Province _____

Country _____

Postal Code _____

Social Insurance Number _____

Age _____

IF APPLICANT IS A PARTNERSHIP

Operating As _____

Business Address _____

Full name of each partner _____

Residence Address _____

Postal Code _____

Age _____

IF APPLICANT IS A CORPORATION

Full Corporate Title _____

Business Address _____

Postal Code _____

Name of President _____

Vice-President _____

Secretary _____

Treasurer _____

Nature of business for which Bond is required _____

How long engaged in this business _____

PLEASE ATTACH A COPY OF YOUR LATEST YEAR END FINANCIAL STATEMENT TO THIS APPLICATION

Give names of your three largest creditors:

Creditor Name	Amount Outstanding	Date Incurred	Date Due

Are you engaged or interested in any other line of business? Yes No

If yes, state name, location and nature of business _____

Do any judgements stand against you or any firm or company of whom you are an officer? Yes No

IF YES, give particulars _____

Have you, or has the firm applying for this bond, ever compromised with its creditors? Yes No

IF YES, please give details regarding settlement in confidential letter to be attached.

Has an application been made elsewhere for this bond? Yes No

IF YES, what company and why was it declined? _____

Has applicant or any of its associate officers ever been refused a bond? Yes No

IF YES, why? _____

Name, Address and Telephone Number of BANK _____

May it be referred to? Yes No

DECLARATION AND OBLIGATION

If the bond herein applied for is executed by The GUARANTEE COMPANY OF NORTH AMERICA, hereinafter called the Surety, the undersigned, hereinafter called the indemnitor, does (if there be more than one indemnitor, they jointly and severally and for each other do) hereby undertake and agree:

- To pay to the said company upon execution thereof, the sum of \$_____ as a premium therefore, and the premium to be paid in advance for each year thereafter until the Company shall have been, by the undersigned, furnished with good and sufficient legal evidence of the termination of all liability under the said bond – but with privilege to the said Company to at any time withdraw from further responsibility thereunder, if it so elect, upon written notice to the undersigned of this intention so to withdraw, in which event the undersigned will promptly substitute another bond, or other satisfactory security, and the said company's only liability to the undersigned shall be for the pro rata unearned portion of the premium that shall have been paid to it, after the first year which is fully earned.
- 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 therefore, 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 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.
- That this undertaking shall extend to include and be binding upon the heirs, executors, administrators, successors and assigned of the parties hereto.
- The indemnitor(s) further agrees that a consumer report containing personal, credit, factual or investigative information about the applicant(s) may be drawn at any time on the applicant(s) under this application and any bond renewals or changes issued in connection therewith.

IF INDIVIDUAL

Witness

Signature

IF CO-PARTNERSHIP

Witness

Signature (Individually and as a Co-Partner)

IF CORPORATION

Witness

Signature (Seal or Witness)

AGREEMENT OF INDEMNITY

In Consideration of The Guarantee company of North America becoming surety upon the Bond as described on the reverse hereof and in consideration of the sum of One Dollar to each of the undersigned in hand paid, receipt of which is hereby acknowledged, we do hereby jointly and severally, bind ourselves, our heirs, administrators, executors or assigns, 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 it 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.

WITNESS

INDEMNITORS

SIGNED AND SEALED this _____ Day of _____ 20 _____

NAME

Please Print Name of Witness

Please Print Name of Indemnitor & Social Insurance No.

Signature of Witness

Signature of Indemnitor

NAME

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