



**THE GUARANTEE COMPANY
OF NORTH AMERICA**

APPLICATION FOR CANADIAN MEDALLION PROGRAM SURETY BOND

Agent / Broker: _____

Application is hereby made to the above Company for a CMP Bond with a limit in the amount of \$ _____
for any one transaction to an Aggregate Bond Limit of \$ _____.

effective from _____

QUESTIONS TO BE ANSWERED BY APPLICANT (All replies confidential).

1. a) Name of Applicant: _____

b) Address: _____

Postal Code: _____ Phone: () _____ Fax: () _____

c) Contact Person: _____

2. a) Indicate Association Memberships: _____ Stock Exchanges: _____

I.D.A.: _____

Financial Institution Numbering System: _____

3. Current Blanket Bond / Financial Institution Bond:

Insurer's Name: _____

Bond Number: _____ Bond Limit: _____ Deductible: _____

Securities Forgery Coverage Limits (Insuring Agreement "E"): _____

4. Total Gross Assets: _____

5. Principal Line of Business: _____

6. Estimated number of signature guarantees performed annually: _____

Additional Underwriting Information (To be provided only if not on file with the underwriter)

- Latest Audited Financial Statements and most recent interim report.
- Most recent IOK and IOQ reports.
- Copies of regulatory agreements, restraining orders, etc., currently in effect (if none so indicate). _____
- Most recent regulator reports.

Dated at _____ this _____ day of _____ 20_____.

Please complete and sign "Declaration and Obligation" on Reverse Hereof.

