

APPLICATION / LOST INSTRUMENT BOND

This form aims to facilitate the service we offer in issuing certain types of bonds. This program applies exclusively to the type of bond mentioned above.

LOST INSTRUMENT BOND	
Amount of bond: _____ \$	Premium: _____ \$
Effective date: _____	
INFORMATIONS REGARDING APPLICANT	
Exact name of applicant :	Date of birth : ____ / ____ / ____
Address of applicant :	Since when : _____
Single or Married? _____	If married, are you separate as to property? _____
Occupation : _____ Length of service : _____	Employer : _____
IF LOST DOCUMENT IS A STOCK CERTIFICATE	
Name of issuer of certificate :	Certificate # :
Number of shares represented : Common : _____ Preferred : _____	Name in which shares are registered : (state exactly as it appears on certificate)
Was certificate endorsed?	Value of accumulated dividends, if any?
Name of Registrar	Address of Registrar
Name of Transfer Agent	Address of Transfer Agent
IF LOST DOCUMENT IS A BOND	
Name of issuer of bond :	Bond # :
Was it in « bearer » form?	Fully registered ?
Name in which registered : (state exactly as it appears on Bond)	Registered as to principal only?
Value of Bond- Principal _____ \$	Was Bond endorsed ?
Value of coupons attached, if any : _____ \$	
IF LOST DOCUMENT OTHER THAN A STOCK CERTIFICATE OR BOND	
Describe fully :	
CIRCUMSTANCES OF LOSS	
Describe in detail the circumstances of Loss: _____	
Was the Issuer or Transfer Agent notified?	Has applicant ever been refused a bond in this, or any other connection?
If so give details : _____	
Name of your bank :	Address :
2 Business people who know you :	
Name : _____	Name : _____
Address : _____	Address : _____
Occupation : _____	Occupation : _____
PLEASE ATTACH LETTER FROM TRANSFER AGENT CONFIRMING THAT STOP TRANSFER HAS BEEN PLACED	
VALEUR	
Value of real estate registered in your name : _____ \$	Address _____
Amount of mortgage if any : _____ \$	What is the liquid value of other property or investments owned by you? \$ _____
Describe briefly the nature of such assets : _____	
What is the total amount of your debts, if any? _____ \$	
INFORMATION REGARDING BROKER	
Broker Office :	Agency # :
Person in charge :	Telephone :
The information provided here is, to the best of my knowledge, true and we recommend that this bond be issued.	
Date (day / month / year) _____ / _____ / _____	Broker signature (attorney-in-fact) _____

F25.01.06A R0

Quebec (Head Office) - Montreal - Mississauga - Calgary
www.lunique.qc.ca

L'Unique
General Insurance

APPLICATION / LOST INSTRUMENT BOND

CONSENT

By signing this form, I give full consent to L'Unique General Insurance inc. to obtain at all times, all information in respect to my personal credit rating or personal information or other (including information contained in my personal file) from a credit bureau, a personal information agent, a credit supplier or an insurer, my employer or any other person in touch with the channels we have established or those that L'Unique General Insurance inc. or myself wish to establish. L'Unique General Insurance inc. may divulge this information to the aforementioned parties or it may exchange such information with the aforementioned parties and I understand fully that this herein constitutes a written notice of the preceding.

Date (day / month / year) _____ / _____ / _____

Signature of applicant _____

Printed name _____

INDEMNITY AGREEMENT

The undersigned hereby declare(s) that all information provided herein is to the best of my/our knowledge true, complete and correct and, in consideration of the execution by L'Unique General Insurance inc., of the bond applied for, agrees as follows :

To pay the premium therefore upon execution of said Bond by the Company.

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 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.

GUARANTOR DECLARATION

The undersigned recognize(s) having carefully read all the terms of the said Indemnity Agreement, having carefully read it and that there does not exist any other agreement that could reduce or modify the obligations herein stated.

THE PERSONAL GUARANTORS SIGN HEREUNDER

IN WITNESS THEREOF, I / we have signed hereafter dated _____ 20 _____.

SIGNED, SEALED AND DELIVERED BY

In the presence of :

WITNESS

Name (printed)

Signature

Address

Name (printed)

Signature

Address

GUARANTOR (PERSON)

Name (printed)

Signature

Address

Name (printed)

Signature

Address

THE APPLICANT(S) AND THE GUARANTOR(S) (COMPANY) SIGN HEREUNDER AND AFFIX THEIR SEAL.

IN WITNESS THEREOF the applicant/ the Guarantor (company) has affixed his seal hereunder, certified by its duly authorized Officer, dated __ 20 ____.

SIGNED, SEALED AND DELIVERED BY :

WITNESS

Name (printed)

Signature

Address

GUARANTOR (COMPANY)

Name of corporation or company (printed)

Signature of authorized representative

Address