



HALIFAX, NOVA SCOTIA

No. _____

Agent/Broker: _____

Agent/Broker's Recommendation: _____

Applicant (full name in which bond is to be issued) _____

Complete Postal Address: _____ Postal Code _____

How long have you been operating under this name? _____ Date of Incorporation, if any _____

Type of Bond required: _____ Amount of Bond required: \$ _____

Obligee (to whom is this bond payable?) _____

Applicant's business: (eg. car dealer, electrician, livestock dealer etc.) _____

Are you engaged in any other business? ? yes ? no If yes, what? _____

Has the applicant, or its shareholders, ever been bankrupt or insolvent? ? yes? no (If yes, please attach particulars.)

Has the applicant ever been bonded? ? yes ? no (If yes, please attach particulars.)

Has any Surety ever declined to issue a bond for this applicant? ? yes ? no (If yes, please attach particulars.)

REFERENCES

Name	Business	Complete mailing address or e-mail address

I/We certify that the answers given to the foregoing questions are true and in consideration of WESTERN SURETY COMPANY (hereinafter called the Company), consenting to execute or guarantee the bond herein applied for, do hereby covenant, promise and agree to pay the premium for the bond; and should there be any variation in the amount of the bond stated above, to pay or cause to be paid to the Company an additional premium or the Company will, on demand, refund any excess of premium paid; that the undersigned shall not be relieved of liability hereunder by the Company consenting to any change, addition, substitution or new obligation in connection with said bond, or any obligation covered thereby, notice of such change, addition, substitution or new obligation being hereby waived; to comply with all the conditions established by said Company for its own protection, and to indemnify and keep indemnified the said Company from and against any and all loss, costs, charges, suits, damages, counsel fees and expenses of whatever kind or nature, which said Company shall or may for any cause, at any time, sustain or incur or be put to, for or by reason or in consequence of said Company having entered into or executed this bond; the Surety shall have the right to cancel said Bond whenever it shall see fit without giving any reason, and is hereby released from any damages that may be sustained by the Undersigned by reason of such action; the Surety may fill up any blanks left, or correct any errors in filling up any blanks, herein or in the said foregoing statements, and such insertions or corrections shall be prima facie correct.

I/we authorize use of the information requested on this form by Western Surety Company ("WSC") for the purposes of processing the application to which it relates, risk assessment, providing services, investigating claims, processing claims and any other purpose authorized by law (each, an "Authorized Purpose"). I/we authorize access to, and disclosure of, this information to those WSC employees, contractors, administrators, reinsurers and agents who have a need to know for any Authorized Purpose and to any other person as authorized by law. I/we authorize WSC to use any information about me/us contained in WSC's existing files for any Authorized Purpose. To the extent I/we am/are providing any information on this form about a third party. I/we confirm that I/we have the authority to provide such information.

I/we authorize WSC and its agents to periodically investigate my/our credit history, financial standing, character and reputation for any Authorized Purpose. I/we authorize any credit reporting agency, financial or other institution with whom I/we have had dealings and any reference provided by me/us to disclose to WSC and its agents any information about me/us in connection with any such investigation.

IN WITNESS WHEREOF I/WE hereunto subscribe my/our name and affix my/our seal this _____ day of _____

 Name of Applicant (please type or print)

 Witness

 Signature of Applicant

SEAL if a
 corporation

All Applications exceeding \$25,000.00 must be accompanied by either current personal financial information (if the applicant is an individual) or by the most recent externally prepared year-end financial statements (if the applicant is a corporation)

In consideration of WESTERN SURETY COMPANY executing the bond herein applied for, the undersigned join in the foregoing indemnity agreement hereby assuming full liability thereunder and agree to become bound by all covenants, provisions, consents and conditions set forth therein.

Name of Indemnitor (please type or print)

Witness

Signature of Indemnitor **SEAL** if a corporation

Name of Indemnitor (please type or print)

Witness

Signature of Indemnitor **SEAL** if a corporation

IMPORTANT:

FOR USE IN ALL PROVINCES WHEN INDEMNITOR IS A CORPORATION

RESOLUTION AND CERTIFICATION

_____ (the "Corporation")

WHEREAS, the President and Secretary of the Corporation have executed an Indemnity and Security Agreement in favour of WESTERN SURETY COMPANY dated the _____ day of _____, A.D. _____, indemnifying it against loss, etc., suffered by reason of assuming suretyship as more fully described therein, said Indemnity and Security Agreement having been read at this meeting, being fully considered and approved by the directors present; and

WHEREAS, the said Indemnity and Security Agreement has been accepted by WESTERN SURETY COMPANY upon the warranty that the Corporation has such an interest in the said suretyship as to empower it to make an Indemnity and Security Agreement in connection therewith for the protection of WESTERN SURETY COMPANY.

NOW, THEREFORE, BE IT RESOLVED that the acts of the President and Secretary on behalf of the Corporation in executing the aforesaid Indemnity and Security Agreement be, and they are hereby, unanimously ratified and confirmed as the acts of the Corporation.

I hereby, certify that I am President of the Corporation that the above Resolution is a true and accurate copy of a Resolution of the Board of Directors which was approved at a duly convened meeting of the Directors of the Corporation on the _____ day of _____, _____ and that the resolution is still in full force and effect.

IN WITNESS WHEREOF I have hereunto set my hand and the corporate seal of the Corporation this _____ day of _____, _____.

Sign & Seal _____

IMPORTANT:

FOR USE IN THE PROVINCE OF ALBERTA ONLY WHEN INDEMNITOR IS AN INDIVIDUAL

**THE GUARANTEES ACKNOWLEDGMENT ACT
CERTIFICATE OF NOTARY PUBLIC**

I HEREBY CERTIFY THAT:

1. _____, of _____, the guarantor in the guarantee dated _____ made between _____ and WESTERN SURETY COMPANY which this certificate is attached to or noted upon, appeared in person before me and acknowledged that he had executed the guarantee;
2. I satisfied myself by examination of him that he is aware of the contents of the guarantee and understands it;

GIVEN at _____, this _____ day of _____.

STATEMENT OF GUARANTOR
I am the person named in this certificate.

(A Notary Public in and for the Province of _____)

Signature of Guarantor