Form E

Application and Indemnity for all Commercial Surety bonds except Court Bonds and Lost Securities Bonds

Revised March 2018

Bond No.		



Age	ent/Broker:						
Age	ent/Broker's Recommendation:						
App	olicant (full name in which bond is to be issu	ed)					
Cor	mplete Postal Address:		Postal Code:				
Em	ail Address:		Phone Number:				
Ηον	v long have you been operating under this r	name?	Date of Incorporation, if anyBusiness Number:				
Тур	e of Bond required:		Amount of Bond required: \$				
Obl	igee (to whom is this bond payable?)						
Apı	olicant's business: (eg. car dealer, electric	ian, livestock deale	er etc.)				
1.			If yes, what?				
2.		•	insolvent? □ yes □ no (If yes, please atta				
3.		-	ne Applicant? □ yes □ no (If yes, please attacl				
4.							
5.	Has any Surety ever declined to issue a bo	and for this applicar	nt? □ yes □ no (If yes, please attach pa	rticulars.)			
6.			company or individual? ☐ yes ☐ no (If yes, ple	·			
ALL	APPLICATIONS EXCEEDING \$50,000.00 MUST	BE ACCOMPANIED BY	EITHER CURRENT PERSONAL FINANCIAL INFORMATION	(IF THE APPLICANT IS AN			
	rsonal Financial Statement r additional applicants, please complete a s	eparate personal fii	nancial statement.)				
Sı	urname Firs	Name and Initial	Date of Birth				
Fι	Ill Residence Address:		LIADULTIC				
	ASSETS	\$	LIABILITIES	\$			
Ca	ash in Bank		Amount owing to Bank				
Stocks, Bonds, RRSP, etc., Market Value			Incumbrance on Stocks, Bonds, RRSP, etc.				
	(Give detailed list)		(If none, so state)				
No	otes Receivable		Notes Payable, how secured				
Accounts Receivable		Accounts Payable					
Re	eal Estate consisting of		Borrowed or due on Real Estate (If none, so state)				
Α.			A.				
В.			В.				
C.			C.				
D.			D.				
	whose name does title to Real Estate and?						
Ot	her Assets, consisting of		Other Liabilities, consisting of				
	TOTAL ASSETS	\$ \$	TOTAL LIABILITIES	\$			

I declare the information I have provided herein to be true and correct and I understand that the Western Surety Company in granting suretyship relies upon the accuracy and completeness of this statement.

REFERENCES

Name	Business	Complete mailing address or e-mail address	

INDEMNITY AGREEMENT

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, reasonably 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 including, without limitation, the Personal Information and Protection and Electronic Documents Act. 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/o	our name and affix my/our seal this day of,	•
Name of Witness (please print or type)	Name of Applicant (please print or type) <u>MUST</u> BE SAME AS APPLICANT NAME INDICATED O FULL NAME IN WHICH BOND IS TO BE ISSUED	— N 1 ST PAGE –
Signature of Witness	Signature of Applicant	SEAL if a corporation
	executing the bond herein applied for, the undersigned join in reunder and agree to become bound by all covenants, provision	
Name of Witness (please print or type)	Name of Indemnitor (please type or print)	
Signature of Witness	Signature of Indemnitor	SEAL if a corporation
Name of Witness (please print or type)	Name of Indemnitor (please type or print)	
Signature of Witness	Signature of Indemnitor	SEAL if a corporation