

Application For (please check applicable box):

- ☐ Administration Bond
- ☐ Trusteeship Bond
- ☐ Executor Bond
- ☐ Administration with Will Annexed Bond
- ☐ Foreign Executor Bond
- ☐ Committee Bond

Broker: _____

Bond Amount: _____

Application is hereby made for a bond as follows:

1.

Full name of applicant: _____ Marital Status _____ Date of Birth _____

Residence address: _____

Previous address if less than 2 years at above: _____

Occupation or employment (if retired, previous occupation: _____

Name of employer: _____ Employed Since _____

If less than 3 years give previous employment: _____

2.

Has the applicant ever had this or any other bond declined or cancelled? Yes ☐ No ☐

If "YES", give reason, date and Bonding Company: _____

3.

Has the applicant ever declared bankruptcy or had to make credit arrangements? Yes ☐ No ☐

If "YES", please provide details: _____

4.

If bond being applied for is to replace another, why is substitution necessary? _____

5.

If applicant is replacing a previous administrator/executor/committee/trustee, please give reason: _____

6.

Relationship of applicant to deceased, infant, or mentally incompetent (as the case may be)? _____

7.

Is the estate subject to dispute, or litigation either now or anticipated in the future? Yes ☐ No ☐

8.

Name and address of solicitor for the estate: _____

9.

Does the Applicant hereby undertake to apply for and obtain a court Order Release upon completion of the estate? Yes ☐ No ☐

If "NO", please explain why: _____

10.

Statement of assets and liabilities of Applicant:

Assets	Omit Cents	Liabilities	Omit Cents
Cash		Credit cards	
R.R.S.P.'s (all types)		Account Payable/Unpaid Bills	
Deposits in Banks, Trust Cos. Etc. (inc. Dep. Cert., CS Bonds)		Current Bank or Credit Institution Loans	
Marketable Stocks, Bonds and Mutual Funds (present market value)		Long term Bank or Credit Institution Loans	
Accounts and notes receivable		Mortgages	
Inventory			
Real estate (type and location)			
		Other Loans and Notes payable	
In whose name(s) is it registered?		All other debts and liabilities consisting of	
Other assets consisting of			
Total		Total	

Questions 11 – 17 inclusive relate only to Administration or Administration with Will Annexed, Executor or Foreign Executor Bonds

11.

Name in full of deceased: _____ Age at death: _____

Last address: _____

Employment at death: _____

12.

Place of death: _____ Date of death: _____

13.

Names ages, relationship and address of the beneficiaries entitled to the estate. If any heirs are minors or other legally incompetents, advise by letter what legal disposition will be made of their shares in the estate.

Name	Age	Relationship to Deceased	Residence Address (Number, Street, and City)

14.	In which Court and County (or Registry in British Columbia) are letters of administration being applied for? _____ Name of judge: _____
15.	Did the deceased die? Testate <input type="checkbox"/> Intestate <input type="checkbox"/> If Testate, attach copy of the will.
16.	If the estate includes a business, state its name, its nature and whether it will be continued or wound up immediately: _____
17.	It is expected that realization and distribution of the estate will be closed out within: _____ months or _____ years If over two years please explain why not earlier: _____

Question 18 Pertains to the Committee and Substitute Decisions Act Bond/Adults:

18.	a. Name of Incapacitated: _____ b. Age of incapacitated: _____ c. Where does incapacitated reside now? _____ Please provide us with the following documents: <div><div><ul style="list-style-type: none">Letter of Approval/Acceptance from the Public Guardian & TrusteeCopy of the Application to the Public Guardian & TrusteeMedical Assessment Report/Certificate of Incapacity.</div><div><ul style="list-style-type: none">Copy of the Approved Management PlanCourt Order – if applicable</div></div>
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Questions 19 - 23 relate only to Trusteeship Bonds (Minors)

19.	a. Names and addresses of father and mother of infants if living: _____ b. If father or mother deceased, give date and place of death: _____ Please provide us the following documents: <ul style="list-style-type: none">Letter of Approval/Acceptance from the Public Guardian & Trustee.Copy of the Approved Management Plan.Court Order – if applicable.
20.	Names and ages of the infants in respect of whom letters of Trusteeship are being applied for: _____
21.	What court is the application for letters of Trusteeship being made? _____
22.	a. How often will a passing of the accounts be made? _____ b. If less frequent than every two years, explain why? _____
23.	I am enclosing a copy of the proposed court order in connection with this application for trusteeship bond: Yes <input type="checkbox"/> No <input type="checkbox"/> If “NO”, explain why not: _____

Documents

- Provide the following documents:
- Attach all confirmation of major assets, such as city issued property tax notice for real estate, investment listing for investments, and bank statement for cash;
 - Copy of all court documents / proposed court application;
 - Attach three detailed character letters of reference written in their own words;
 - Copy of will (if there is one).

Intact Insurance Company
commercial.surety@intact.net

Telephone
604-891-5400

INDEMNITY AGREEMENT in favour of the Intact Insurance Company

The Applicant has applied to Intact Insurance Company, including its successors, assigns, Co-Surety, Fronting Company and Reinsurer, (collectively the "Surety") and requested the Surety issue the "Bond" (including the bond herein applied for and every continuation, renewal, modification substitution, extension, replacement or new bond). In consideration of the issuance of the Bond, each of the Applicant and Additional Indemnitors identified below (collectively the "Undersigneds") hereby represent, covenant and agree as follows:

1. That all of the statements on this Application are complete and true;
2. To fully observe and perform all of the terms, conditions and obligations of the Bond;
3. To pay to the Surety, in advance, in each and every year until the Surety is fully discharged under the Bond, the annual or additional premium amount calculated by the Surety for the Bond;
4. To indemnify the Surety in full against any and all loss, damages, claims, suits, costs (including all legal and adjusting costs incurred by the Surety) and expenses whatsoever which the Surety may suffer, sustain or incur by reason of executing or procuring the Bond, or making any investigation on account of the Bond, or defending, prosecuting or settling any claim, suit or other proceeding which may be brought or threatened by or against the Surety or any of the Undersigneds in any way related to the Bond.
5. That the Surety shall have the right, in its sole discretion, to pay, settle or contest any claim under the Bond without any obligation to consult or advise the Applicant in advance of so doing.
6. To place the Surety in funds in any amount equal to any claim received against the Bond before the Surety is required to set up a reserve or to make any payment related to any claim against the Bond.
7. That the Undersigneds shall forthwith reimburse the Surety any and all amounts which the Surety pays in connection with the Bond upon written demand by the Surety and the cancelled cheques related to such payments by the Surety shall be conclusive evidence of the amount paid by the Surety, the Surety's right to make such payment, the Surety's right to be reimbursed by the Undersigneds and the Undersigneds obligation to indemnify and reimburse the Surety for such amount.
8. That 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 Undersigneds by reason of such action
9. This Application and Indemnity Agreement shall be liberally construed so as to fully protect and indemnify the Surety.
10. That the above agreements shall bind the Undersigneds and the heirs, personal representatives, successors and assigns thereof jointly and severally and shall enure to the benefit of the Surety.
11. The Undersigneds hereby authorize their bank to release credit information to the Surety.
12. Each of the Undersigned hereby consents to the Surety conducting and/or causing to be conducted a personal investigation about any of the Undersigneds in connection with this application or the Bond that may be issued including obtaining a consumer report and or credit report containing information about any of the Undersigneds.

I may have provided personal information in this document and by other means and I may in future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Surety to collect, use and disclose any of this personal information, subject to the law and to my broker's or Surety's policy regarding personal information, for the purposes of communicating with me, assessing my application for surety and underwriting my bonds, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Please Insert Date	Signed and dated this _____ day of _____ in the year _____
Applicant Sign	
Witness _____	Applicant _____
Name _____	Name _____
Address _____	If a corporation – I have authority to bind the corporation
AFFIX SEAL	
In consideration of the Surety executing or procuring the execution of the Bond herein applied for, the Undersigneds agree to be bound, jointly and severally with the Applicant to the Surety in accordance with the terms and conditions of the foregoing application and indemnity agreement in all respects as if the Undersigned had executed the same as Applicant. The Undersigneds warrant that they have sufficient interest in the performance of the obligation which the Bond applied for may be given to secure, and assert that the Undersigned are fully empowered to be obligated by this Application and Indemnity Agreement.	
If Additional Indemnitors	
Witness _____	Indemnitor _____
Name _____	Name _____
Address _____	If a corporation – I have authority to bind the corporation
AFFIX SEAL	
If Additional Indemnitors	
Witness _____	Indemnitor _____
Name _____	Name _____
Address _____	If a corporation – I have authority to bind the corporation
AFFIX SEAL	