



APPLICATION FORM FOR EQI WARRANTY GUARANTEE  
NOT EXCEEDING \$150,000 CDN.

Bond Amount:  \$20,000     \$35,000     \$75,000     \$150,000

Effective Date of Bond: \_\_\_\_\_

**General Information**

1. Name of Applicant: \_\_\_\_\_
2. Applicant Address: \_\_\_\_\_
3. Phone No.: \_\_\_\_\_
4. Applicant Email Address: \_\_\_\_\_
5. Website: \_\_\_\_\_
6. Applicant is:     Sole Proprietor     Corporation     Partnership     Other: \_\_\_\_\_
7. Name of Major Shareholder(s): \_\_\_\_\_
8. Number of years applicant has been in business: \_\_\_\_\_
9. Date of EIFS License (please attached copy of license): \_\_\_\_\_
10. Name of Applicant's Bank: \_\_\_\_\_
  - Contact Name and Phone Number: \_\_\_\_\_
11. Has the Applicant or its Owners ever failed in Business or been compromised with Creditors?    Yes     No
12. Are there any Lawsuits, Judgments, or Liens pending against the Applicant or its Owners?    Yes     No
13. Has any company refused to issue or continue a bond for the Applicant or its Owners?    Yes     No

Instructions

- Application and Indemnity Agreement must be completed in full and signed by the Principal Corporately and Personally. All signatures must be witnessed.
- Applications must include a copy of the Principal's EIFS Contractor License.
- Please remit a copy of the most recent year end financial statements for the organization for bond amounts greater than or equal to \$75,000.
- Mailing Address:  
Stevenson & Hunt Insurance Brokers (Toronto) Limited  
8395 Jane Street, Suite 202, Vaughan, ON L4K 5Y2
- For assistance contact:  
Michelle Mennaman at Stevenson & Hunt Insurance Brokers (Toronto) Limited  
Ph: 1-866-755-0655 ext 4213, Fax: (905) 760-5573, email: [michelle.mennaman@sthunt.com](mailto:michelle.mennaman@sthunt.com) or  
Shelly Gabus at Stevenson & Hunt Insurance Brokers (Toronto) Limited  
Ph: 1-866-755 0655 ext 4214, Fax: (905) 760-5573, email: [shelly.gabus@sthunt.com](mailto:shelly.gabus@sthunt.com)

**Consent To Surety's Obtaining Information**

The undersigned acknowledge that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.



**Indemnity Agreement**

The undersigned have applied to Trisura Guarantee Insurance Company (the “Surety”) for certain surety bonds (the “Bonds”). In consideration of the issuance of Bonds, whether past, present and future, by the Surety or procured by the Surety on behalf of the undersigned or of the Surety refraining from cancelling such Bonds and of the sum of Two Dollars and other good and valuable consideration paid by the Surety to each of the undersigned (the receipt and sufficiency of which are hereby acknowledged) the undersigned hereby jointly and severally agree as follows:

1. The undersigned warrant that the statements made in connection with this application for Bonds are true and undertake to indemnify the Surety in full for any loss or damages that it may suffer arising from the issue of one or several Bonds, or arising from a decision of the Surety not to issue any Bond, or arising from any default by the undersigned under the present agreement. The present undertaking includes, without limitation, the obligation of the undersigned to reimburse to the Surety all sums which it might be called upon to pay in connection with any bonds.
2. The undersigned undertake to pay to the Surety the initial premium, including any additional or other premium, for the issuance of any Bonds, in conformity with the Surety’s tariff in force, or such other tariff as may be agreed upon with the undersigned and thereafter.
3. The undersigned acknowledge that the Surety will have the right, in its sole and entire discretion whether to pay, settle or contest any claim under a Bond without any obligation to consult or advise the undersigned in advance of so doing. The undersigned acknowledge their obligation to indemnify the Surety in virtue of the present agreement, upon presentation by the Surety of a release or a copy of a cheque or any other proof of payment, which will be deemed to be complete proof of the amount paid and of the Surety’s right to make such payment as a result of the issue of the Bonds and, consequently, its right to demand reimbursement from the undersigned under the terms of the present agreement.
4. This agreement shall extend to and be binding upon the heirs, executors, administrators, successors and assigns of the undersigned.
5. All of the terms and conditions of the present agreement are for the benefit of any predecessors or successors or assigns of the Surety, including as a result of mergers, name changes, acquisitions of portfolios, or otherwise, and any surety, joint or several, any re-insurance company and any other surety procured by the Surety upon the request of the Principal to issue a Bond or Bonds, whether or not such Bond or Bonds are issued by the Surety or whether or not the surety retains any interest in any such Bond or Bonds.

This agreement is made under, and shall be interpreted in accordance with, the laws of the Province referenced in General Information, Section 1 of the application and the laws of Canada therein.

SIGNED AND SEALED this \_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

**Witness Signature:**

X \_\_\_\_\_  
Please sign, and Print Name, Address and phone number below  
Name & Title:

**Corporate Indemnitor:** *(Please Print and affix Seal)*

X \_\_\_\_\_  
(Signature)

I have the authority to bind the corporation

\_\_\_\_\_  
Address of Indemnitor (please print)

**Witness Signature:**

X \_\_\_\_\_  
Please sign, and Print Name, Address and phone number below

**Personal Indemnitor:**

*Personally and Title Free*

X \_\_\_\_\_  
(Signature)

Please Print Name, Address and phone number below:

