

Surety Tel 514.875.0600 Toll Free 800.361.9427 Fax 514.875.0666

Travelers Insurance Company of Canada 1010, De La Gauchetiere street West Suite 1100 Montreal (Quebec) H3B 2N2 www.travelerscanada.ca

## **AGREEMENT OF INDEMNITY / AFFIDAVIT OF LOSS**

## **EXHIBITS B & C**

(Affix Notarial Seal)

Notary Public

The	e undersigned (hereinafter called "Inde	emnitor/Deponent"), beir	ng duly sworn, deposes and sa	ays that:		
(1)	Indemnitor/Deponent is an adult who	o resides at :	CITY / TOWN			
	PROVINCE/STATE POSTAL / ZIP CODE and is the owner of or is acting in a representative or fiduciary capacity with respect to certain securities (thereinafter called "Original", whether one or more):					
	CERTIFICATE / BOND NO. NUMBER OF S	SHARES / BOND VALUE (\$)	ISSUED BY / ISSUING CORPORATION	ION REGISTERED IN THE NAME OF		
(2)	Indemnitor/Deponent further says that the aforesaid security or securities (hereinafter called the "Original", whether one or more) have been lost, stolen, destroyed or misplaced under the following <b>circumstances</b> : (Where kept / How lost / When missed - date of loss):					
(3)	That said Original was [ ] or was not [ ] endorsed. (If endorsed, describe form of endorsement and state whether signature was guaranteed.):					
(4)	Indemnitor/Deponent has made or caused to be made diligent search for Original and has been unable to find or recover same, and that Deponent was the unconditional owner of Original at the time of loss, and is entitled to the full and exclusive possession thereof: that neither the Original nor the rights of Deponent therein have, in whole or in part, been assigned, transferred, hypothecated, pledged or otherwise disposed of, in any manner whatsoever, and that no person, firm or corporation other than Deponent has any right, title, claim, equity or interest in, to, or respecting Original or the proceeds thereof, except as may be set forth in Statement (5) following.					
(5)	(If Indemnitor's/Deponent's interest in capacity, i.e. Administrator, Executor			city, indicate below the designation of such		
Dep	ponent is	_	of the Estate of			
				below and indicate the nature of their		
.11.	erest, such as heir, Legatee, etc., * NAME & ADDRESS	·	st sign this Agreement of Ind **NAME & ADDRESS			
-	NAME & ADDRESS	% OF INTEREST	NAME & ADDRESS	<u>% OF INTEREST</u>		
(6)	ndemnitor/Deponent makes this affidavit for the purpose of requesting and inducing the Issuing Corporation and its agents to issue new securities in substitution for the Original and <b>TRAVELERS INSURANCE COMPANY OF CANADA</b> to assume liability in respect thereof under its Indemnity Bond.					
	successors assuming liability or liab undersigned (jointly and severally, INSURANCE COMPANY OF CANA	bility attaching under its if more than one) here IADA and or all it's affi s, counsel fees and expe	Indemnity Bond in favor of the by agree at all times to indefiliates or successors from ar enses of every nature and cha	<b>F CANADA</b> and or all it's affiliates or ne issuing Corporation and its agents, the emnify and save harmless <b>TRAVELERS</b> and against any and all liabilities, losses, aracter, which they may sustain or incur by		
(7)	Indemnitor/Deponent agrees that if the Original should ever come into his/her or anyone's hands, custody or power, the Indemnitor/Deponent will immediately and without consideration surrender the Original to the Issuing Corporation, its transfer agents, subscription agents, trustees or Travelers Insurance Company of Canada for cancellation.					
(8)	Signed, sealed and dated:	//	/			
			I Gui			
PE:	RSONAL INDEMNITOR / DEPONENT	SIGN HEREUNDEN				
	NATURE OF INDEMNITOR / DEPONENT			SS / TITLE (if applicable) :		
Swo	orn to and subscribed before me this d	day of, 20 _	, in the City of	, in the Province/State		
of	, in the Country of wn to me to be the individual or shown to be	before me r	personally appeared			
inde	emnity/affidavit of loss, and he/she duly ackn	nowledge to me he/she exec	intification, described above and wrouted the same for the purpose state	ho executed this agreement of ted above in section (6), and being duly sworn,		
	depose and say the statements therein conta					

My Commission Expires

## PERSONAL INDEMNITOR / DEPONENT SIGN HEREUNDER

PERSONAL INDEMINITOR / DEPONENT SIGN HEREUN	DEK		
SIGNATURE OF INDEMNITOR / DEPONENT -	PRINT NAME / ADDRESS / TITLE (if applicable) :		
worn to and subscribed before me this day of	, 20 , in the City of	, in the Province/State	
, in the Country of bei own to me to be the individual or shown to be the individual by w demnity/affidavit of loss, and he/she duly acknowledge to me he/ d depose and say the statements therein contained are true.	ay of identification, described above and w		
ffix Notarial Seal) Notary Public		/ Commission Expires	
PERSONAL INDEMNITOR / DEPONENT SIGN HEREUN	DER		
IGNATURE OF INDEMNITOR / DEPONENT -	PRINT NAME / ADDRESS / TITLE (if applicable) :		
vorn to and subscribed before me this day of	, 20, in the City of	, in the Province/State	
, in the Country of be			
d depose and say the statements therein contained are true.			
ffix Notarial Seal)		Commission Evniros	
Notary Public	IVIy	/ Commission Expires	
ERSONAL INDEMNITOR / DEPONENT SIGN HEREUN		SS / TITLE (if applicable) :	
worn to and subscribed before me this day of	, 20, in the City of	, in the Province/State	
, in the Country of beinown to me to be the individual or shown to be the individual by with demnity/affidavit of loss, and he/she duly acknowledge to me he/d depose and say the statements therein contained are true.			
Affix Notarial Seal)			
Notani Bublic	NA.	Commission Expires	

## CORPORATE INDEMNITOR / DEPONENT SIGN HEREUNDER AND AFFIX SEAL

CORPORATE NAME:		
SIGNATURE OF INDEMNITOR / DEPONENT - I HAVE AU	THORITY TO BIND CORPORATION /LLC /L	LP
PRINT NAME OF AUTHORIZED OFFICER & TITLE:		
ADDRESS:		
Sworn to and subscribed before me this day of	, 20, in the City of	, in the Province/State
of, in the Country of known to me to be the individual(s) or shown to be the i indemnity/affidavit of loss, and they duly acknowledge to me depose and say the statements therein contained are true.	ndividual(s) by way of identification, describ	ped above and who executed this agreement of
(Affix Notarial Seal)  Notary Public	My Co	ommission Expires
CORPORATE NAME:		
SIGNATURE OF INDEMNITOR / DEPONENT - I HAVE AU	THORITY TO BIND CORPORATION /LLC /L	LLP
PRINT NAME OF AUTHORIZED OFFICER & TITLE:		
ADDRESS:		<u> </u>
Sworn to and subscribed before me this day of	, 20, in the City of	, in the Province/State
of, in the Country of known to me to be the individual(s) or shown to be the i indemnity/affidavit of loss, and they duly acknowledge to me depose and say the statements therein contained are true.	ndividual(s) by way of identification, describ	ped above and who executed this agreement of
(Affix Notarial Seal)  Notary Public	M.C	ommission Expires