



**QUICK WRITE APPLICATION – COMMERCIAL SURETY**

No Signature or Financial Statements Required. Up to a Maximum of \$100,000.

**IF EXPOSURE IS OUTSIDE CANADA, PRINCIPAL IS A NON-RESIDENT, OR THE TOTAL BOND EXPOSURE EXCEEDS \$100,000.00, THIS SHORT FORM APPLICATION DOES NOT APPLY; THE COMMERCIAL BOND APPLICATION WILL NEED TO BE COMPLETED.**

**IMPORTANT:** If the Bond is issued by the Broker, please return this Application with a copy of the Bond within 24 hours.

**1. DETAILS ON BOND REQUIRED**

Bond Amount: \$

- Customs Activity Conducted at:
  - All Customs offices in Canada
  - Business Number: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Automobile Dealer Bond (Maximum \$25,000.00)
- Auctioneer License Bond
- Quarry and Sand-Pit (Quebec Only) Indicate: \_\_\_\_\_
- Bailiffs Act Bond
- Consumer Protection (N-25) (except Health Studio and Extended Warranties)
- Address, if applicable: \_\_\_\_\_
- Number of Acres: \_\_\_\_\_
- Activity to be secured: \_\_\_\_\_
- Cadastral Registration: \_\_\_\_\_
- Excise Type of License: \_\_\_\_\_
- Lot Number: \_\_\_\_\_
- Excise Regional office of: \_\_\_\_\_
- Located at: \_\_\_\_\_
- Detective / Investigation / Security Agency
- Electrical Contractor's License Bond
- Securities Act Bond
- A.T.A. Carnet
- Other (for other types call for approval)

Name & Address of Obligee: \_\_\_\_\_

Bond Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Term (Year/Month): \_\_\_\_\_

**2. INFORMATION ON THE APPLICANT**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name Owner/Shareholder Contact: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have the applicant, its officers or spouse or a related company ever gone bankrupt, made a proposal (under bankruptcy act) or produced a loss to a Surety?  Yes  No

If Yes, give full details on a separate sheet and communicate with us before issuance.

\*\*Name that should appear on the bond.

**3. INFORMATION ON THE BROKER**

Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

To the best of my knowledge, the information is correct and I am recommending the issuance of the bond.

Dated: \_\_\_\_\_ X \_\_\_\_\_

**4. BROKER COMMENTS:**

***Our Commercial Surety Team is proud to offer professional services throughout Canada.***

***Our staff is always available to serve you in regards to your bonding needs.***

TORONTO  
HEAD-OFFICE  
Tel: (416)223-9580  
Fax: (416)223-6577  
toronto@gcna.com

MONTREAL  
Tel: (514)866-6351  
Fax: (514)866-0157  
montreal@gcna.com

QUEBEC  
Tel: (418)652-1676  
Fax: (418)652-9626  
quebec@gcna.com

VANCOUVER  
Tel: (604)687-7688  
Fax: (604)687-8861  
vancouver@gcna.com

EDMONTON  
Tel: (780)424-2266  
Fax: (780)424-3310  
edmonton@gcna.com

WOODSTOCK  
Tel: (519)539-9868  
Fax: (519)539-5524  
woodstock@gcna.com

HALIFAX  
Tel: (902)424-4700  
Fax: (902)424-4702  
halifax@gcna.com

[www.gcna.com](http://www.gcna.com)

**FOR INTERNAL USE ONLY**

Amount:

Type:

Total Amount:

By:

PR: