

**IT IS IMPORTANT THAT THE APPLICANT READ AND FULLY
UNDERSTAND THE CONTENTS OF THE AGREEMENT HEREUNDER
BEFORE SIGNING**

AGREEMENT OF APPLICANT

I hereby warrant that the foregoing statements are true and correct, and in consideration of Co-operators General Insurance Company and CUMIS General Insurance Company, hereinafter called the Insurer becoming Insurer for me under this bond (the term "bond" shall include the bond herein applied for, every continuation of alteration thereof, and any new bond) in my present or any other position, **I agree to unconditionally indemnify and save harmless the said Insurer against all actions, proceedings, liabilities, damages, loss, cost and expense, including costs of realization and legal fees on a solicitor client basis, that it may sustain or become liable for by reason of dishonesty on my behalf.**

I ALSO UNDERSTAND AND AGREE THAT:

- (a) **In the event I am bonded and is later discovered by the Insurer that any of the answers given are untrue or inaccurate, the Insurer may, at its option, cancel the bond.**
- (b) **Should my circumstances change such that any of the answers given on this application (questions #6 to 9) by me are no longer accurate or true, then I shall immediately notify the Insurer of such change and any failure to do so may result in cancellation of the bond, at the option of the Insurer.**
- (c) **In the event that I am bonded, I am bound by the terms and provisions of this Agreement.**
- (d) **The bond is automatically deemed cancelled and terminated on the discovery of any dishonest act on my part whether or not such dishonest act results in any monetary loss to the entity requiring the bond, the Insurer or any other person or organization.**

I further represent and warrant that I have not concealed or failed to disclose any facts which, if known to the Insurer, would cause the Insurer to decline the bond or which would make the Insurer's liability greater than would normally be expected and I understand and agree that if any such facts should become known to the Insurer, it may, at its option, cancel the bond.

Dated at _____ this _____ day of _____ 20____
(City) (Prov)

Witness

Signature of Applicant

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**CREDIT
UNION**

PUBLIC SERVICE