CO – SIGNER'S STATEMENT

TO : COMMONWEALTH INSURANCE COMPANY Date: _____ I am agreeable to sign with the applicant M __ covering the bond applied for by him from the COMMONWEALTH INSURANCE COMPANY in the amount of in favor of I am aware of the responsibility which will assume in signing with M ______ I am also aware that you rely on truth of the following statements in the consideration thereof. I authorize you to obtain such information as you may require concerning the statement made hereunder and I agree that this document shall remain your property whether or not that bond is granted. (All in the following questions must be fully answered - - - if none, state "NONE"; "Not Applicable" is not an answer) Res. Cert. No. _____ Issued at _____ Issued on ____ (Please print or type full name) Business Address__ Provincial Address Salary, Wages per year _____ Income from business, etc. ____ _____ Amount per year(P ___ Living with husband or wife Married/Single ___ No. of dependents ___ If employed please state: If employed please state: Name of employer _____ __ Name of employer __ _____ Tel. No. _____ Address Address _____ Tel. No. _____ No. of years with employer _____ Kind of Business _____ How long _____ Kind of business of employer ______ P _____ P _____ P _____ P Position Occupied by co – maker ______ Sole Owner or Partner _____ Previous employer _____ Address Name ____ Address Address Bank Accounts – Where Kept – Present Balance P Current _____ Present Balance P Savings **SHARES OF STOCK OWNED** NAME OF ISSUING KIND NO. OF SHARES MARKET VALUE **ENCUMBRANCES** CORPORATIONS **REAL PROPERTIES OWNED** DESCRIPTION **ENCUMBRANCES** LOCATION AREA OF PRESENT VALUE LAND IMPROVEMENTS AMOUNT LAND HELD BY Life Insurance (Co.) ___ Co – Signer will state whether applicant is related to him and if so in what manner _____ Co – Signer will state how long he has known the applicant _____ Co – Signer will state how whether he has been a borrower or co –maker on a personal note at any bank or guarantor with other companies. If so, please state particular ______ Name of references: ______ Address _____ _____ Address _____ I affirm that each of the answers given to the foregoing questions is true and correct.

(Signature of Co – Signer)