



APPLICATION FOR LOST INSTRUMENT BOND

Agent	Bond Number 104786573 Blanket Lost Instrument Bond Program
Applicant	Social Security or Tax ID No.
Telephone No.	
Residence Address: (street, city, state, zip code)	
Business Address: (street, city, state, zip code)	
Occupation or Business:	

1. Complete description of Lost Instrument (includes certificate numbers, dates of issue, purchase, maturity): _____

Market Value \$ _____

No. of Shares _____

2. In whose name are the securities registered? _____

3. To whom are dividends being paid? _____

4. When, how and for what price did you become the owner? _____

5. Do you have absolute title, free of any claims or liens? Yes No

If No, give full details: _____

AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT

State of _____

ss.

County of _____

_____ (hereinafter called "deponent", of legal age, being duly sworn, deposes and says):

(1) Deponent resides at _____ and is entitled to the possession and is the legal and beneficial owner of (here describe security or securities) _____ (hereinafter collectively called the "original" issued by a corporation organized under the laws of the State of _____ in the name of _____.

(2) The original was acquired by deponent on or about _____, _____, and was lost, stolen or destroyed on or about the _____ day of _____, 20____, under the following circumstances:

Whom did you notify of the loss?

Transfer Agent: Yes No

Police: Yes No

Others: Yes No

Give details: _____

Where was the original kept and who had access to it? _____

When and by whom was the loss discovered? _____

When and where was the original last seen? _____

What measures have been taken to recover the original? _____

(3) The original was or was not (check one) endorsed/pledged. (If endorsed/pledged, describe exact manner of endorsement including name and address of endorsee/pledgee. If the endorsement was a separate instrument of assignment, so state.) _____

(4) Deponent has made or caused to be made diligent search for the Original, and has been unable to find or recover the same; Deponent has not sold, assigned, transferred, deposited under any agreement, or hypothecated the Original or any interest therein, or (except as may be stated in the foregoing paragraph) signed any Power of Attorney or other authorization respecting same which is now outstanding and in force; and no person, firm or corporation other than Deponent has any right, title, claim, equity or interest in, to, or respecting the original or the proceeds thereof.

(5) Deponent hereby requests, and this Affidavit of Loss and Indemnity Agreement is made for the purpose of inducing the Issuing Corporation, its transfer agents, registrars and trustees (collectively called the "Obligee"), (1) to refuse to recognize any person other than Deponent as the owner of the Original and to refuse to make any payment, transfer, delivery or exchange called for by the Original to any person other than Deponent and/or to refuse to take any other action pursuant to the request or demand of any person other than the Deponent, and (2) to issue a new or duplicate or definitive security in substitution for the Original, or to make the payment, transfer, registration, delivery or exchange called for by the Original without the surrender thereof for cancellation. Deponent furthermore requests TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA ("Travelers") to assume liability in respect of the loss herein referred to under its Blanket Lost Instrument Bond No. **104786573** (the "Bond") to **TMI Trust Company** and the other Obligee.

(6) If Deponent should find or recover the Original, Deponent will immediately surrender the same to the Issuing Corporation for cancellation without receiving any consideration thereof. Notwithstanding the foregoing, should Deponent recover the Original within the first twelve months of coverage hereunder, Deponent shall be entitled to a return of fifty percent of the premium paid to the Travelers, subject to any minimum premium.

(7) Deponent agrees in consideration of the foregoing to indemnify and protect TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA and its Obligee under the Bond, their Co-Transfer Agents, Co-Registrars, Co-Trustees and Co-Paying Agents, Individually and as Trustee, Depository, Fiscal or Paying Agents, Registrar, Transfer Agent and in any other capacity, their respective legal representatives, successors and assigns, and also any successors in any such capacities, from any and all loss, damage or expense in connection with, or arising out of their compliance with the request of Deponent herein set forth, and further agrees to furnish to the Obligee, without any expense to them, a new bond of indemnity, in such form and amount as said Obligee may require, with satisfactory surety or sureties, in case the above described Blanket Lost Instrument Bond and this Agreement of Indemnity should not at any time for any reason in the opinion of said Obligee or any of them afford sufficient protection.

Signed, sealed and delivered by Deponent this ____ day of _____, 20____.

The applicant(s) (the "Undersigned") hereby represent that all the information contained in this application is true and complete and agree that it may be relied upon by Travelers Casualty and Surety Company of America, St. Paul Fire and Marine Insurance Company and/or any of their affiliates, successors or assigns (the "Surety") as an inducement to execute the bond applied for herein. In consideration of the execution of said bond and any modification thereof, or additional bonds, the Undersigned hereby undertake and agree:

1. To pay the Surety in advance such premium as the Surety shall charge, while said bond remains in force.
2. To indemnify the Surety against every claim, demand, liability, loss, costs, damages, expenses and attorneys' fees, and any and all liability which the Surety may, at any time, sustain or incur by reason of having executed or procured the execution of said bond.
3. To place the Surety in funds to satisfy any claim, demand, expense or contingent liability in connection with the execution of said bond.

The Undersigned hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, credit reporting agencies and corporations in order to confirm and verify information referred to or listed on this application. To the extent required by law, the Undersigned, upon request, shall be informed whether or not a consumer report has been requested by Surety, and if so, of the name and address of the consumer reporting agency furnishing the report.

SIGNATURE(S) OF APPLICANT(S), DEPONENT(S), INDEMNITOR(S):

Named Printed _____

Signature

Date

Named Printed _____

Signature

Date

STATE OF _____
COUNTY OF _____

On the ____ of _____, 20____, before me, _____,

Notary Public, personally appeared _____ personally known to me or proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

, Notary Public

My Commission Expires _____

