WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒪᓂᒃ ᖃᐅᔨᓴᖅᑎᑦ

Indemnity Guarantee

Claim Number: _____

WHEREAS THE WORKERS' SAFETY AND COMPENSATION COMMISSION CHEQUE No. _____

dated the _____ day of _____ , 20 _____ , payable to _____

of _____ , in _____ , in the sum of $ _____ ,
was lost or destroyed before being presented for payment;

AND WHEREAS the said _____ , (herein after referred to as the Payee)
has requested the said Commission to issue a duplicate of the said cheque;

NOW THEREFORE the Payee, in consideration of the said Commission issuing a duplicate cheque, does hereby covenant and agree with the Commission, its successors and assigns to indemnify the Commission, its successors and assigns against all claim, liability and cost which the said Commission may sustain by reason of the negotiations for value of both the lost or destroyed cheque and the duplicate cheque and further covenants and agrees to deliver or cause to be delivered to the said Commission the lost or destroyed cheque if, when and so soon as it shall be found.

IN WITNESS WHEREOF, the Payee has hereunto set his hand this _____ day of _____ ,

20 _____ .

SIGNED IN THE PRESENCE OF:

_____
Signature of Witness

_____
Witness of Payee

_____
Address of Witness

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677
or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501
www.wscc.nt.ca • www.wscc.nu.ca

Ce formulaire est disponible en français.
ᑖᒃᓇ ᑎᑎᖅᑐᒐᖅ ᐊᑐᐃᓐᓇᑭᒋᔭᖅ ᐃᓄᒃᑎᑐᑦ.