

# AON Insurance Application – RAC Insurance Program

## Name & Mailing Address

* Legal Name			
* Address Line 1			
Address Line 2			
* City		* Province	* Postal Code

## Business Information

* Contact Name			
Title	<input type="checkbox"/> Accounting <input type="checkbox"/> Buyer (Decision Maker) <input type="checkbox"/> Owner <input type="checkbox"/> Risk Management <input type="checkbox"/> Inspection <input type="checkbox"/> Claims   Other: _____		
* Business No.		Alternate No.	
* Fax No.			
* Email Address			
Website Address			
* Legal Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Division <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Ltd Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Subsidiary   Other: _____		
* Operations Description	<ol style="list-style-type: none"> <li>1. Number of Employees _____</li> <li>2. Number of Members _____</li> <li>3. Annual Revenue _____</li> </ol> <p><b>Operations</b></p> <ol style="list-style-type: none"> <li>1. Number of Meetings _____</li> <li>2. Location of Meetings _____</li> <li>3. Rented or Owned Facility _____</li> <li>4. List any scheduled events i.e. demonstrations in malls, schools, parades etc. _____</li> </ol> <p>5. Does the organization put on any holiday parties? If so please comment on number of attendees, if parties have alcohol, who is responsible for liquor license etc.          _____          _____</p> <p>6. Any other Operations (Describe All)          _____          _____          _____</p>		

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## Property Insurance

Property at CBC Site (Outside)	
Property at CBC (Inside)	
Any Other Property	

## Prior Policy Information

Has any insurer cancelled, declined, or refused any commercial insurance to the applicant within the past 5 years?  Yes  No If yes, provide details:

* Insurer	N/A
* Reason	

## Loss History

\* Do you know of any occurrence that may lead to a claim?  Yes  No

\* Have there been any losses or claims by the applicant in the last 5 years?  Yes  No  
If yes, complete the following chart(s):

Loss Date	Status	Paid Amount	Reserve Amount	Insurer
(dd/mmm/yyyy)	<input type="checkbox"/> Open			
	<input type="checkbox"/> Closed			
<b>Cause of Loss</b>				

<b>Additional loss information</b>	
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## Declaration & Signature

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_