Radio Amateurs of Canada Insurance Application Form

Year: 2024

Club Information:

RAC

Call Sign:	Club Name:			
Address:				
City:	Province:		Postal Code:	
Contact Information:				
Call Sign:	Name:			
Email:	Phon	e number:		
Position in Club:				
	mbers (include all):			
ls Loss & Damage Insurance on If yes, Total Actual Cash Value t		ed? Yes	No	
Are additional insured certifica	ites required?	Yes	No	
Certificate Holder	Activity, Loc	cation and Date	Has certificate been req	

Certificate Holder Name and Address	Activity, Location and Date	Has certificate been requested before and is on file? Indicate "Yes" or "No"

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Insurance Information:

Does the club have full-time or part-time employees? Yes No If yes, now many?							
Annual Revenue from all source	es:						
Club Meetings:							
Number of Meetings per Year:							
Location of Meetings:							
Type of Facility: (please check)		Rented	Owned				
List all other annual events and a	activities:						
Activity name		Description		Is Alcohol involved? Indicate "Yes" or "No"			
Any occurrences that may lead to a claim? Yes		No					
Any claims during the last	five years?	,	Yes	No			
Has any insurer cancelled, decli to the applicant in the last five		sed any commer	cial insurance	Yes	No		
Submitted by: Name	e (print) _						
Name (sig	nature) —						
	Date —						