Radio Amateurs of Canada Insurance Application Form

Year: 2026

Club Information:

RAC

Call Sign:	Club Name:			
Address:				
City:	Province:		Postal Code:	
Contact Information:				
Call Sign:	Name:			
Email:	Phone n	umber:		
Position in Club:				
ls Loss & Damage Insurance or If yes, Total Actual Cash Value		Yes	No	
Are additional insured certifica	ates required?	Yes	No	
Certificate Holder	Activity, Location	Activity, Location and Date		een requested

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 e	mployees? Ye	es	No	If yes, how ma	nny?
Annual Revenue from all sourc	es:					
Club Meetings:						
Number of Meetings per Year:						
Location of Meetings:						
Type of Facility: (please check)		Rented		Owned		
List all other annual events and	activities:					
Activity name	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, decl to the applicant in the last five		sed any comm	ercial i	nsurance	Yes	No
Submitted by: Nam	e (print)					
Name (sig	gnature) —					
	Date —					