

**AON - Application for Insurance
Radio Amateurs of Canada**

Legal Name _____
Address _____
City _____ Province _____ Postal Code _____
Club's Email Address _____
Confirm the Status of Club, e.g. Corporation or Society _____

Contact Name re Insurance _____ Call Sign _____
Phone Number _____
E Mail address _____
Position within this Organization _____

Employees, Full or Partime no _____ yes _____ if yes : number _____
Number of Paid Members _____
Annual Revenues from All Sources _____

Activities

Number of Meetings per year? _____
Location of Meetings? _____
Rented or Owned Facility? _____

List all known all other Scheduled Events and Activities each
Year? (Field Days, contest stations, public service events, repeaters
etc....)

Is there Alcohol involved in any activities? no _____ yes _____

Do you know of any Occurrence that may lead to a claim? _____
Have there been any claims during the last 5 years? _____
If so., please provide claim details (separate page)

Has any Insurer cancelled, declined or refused any commercial insurance to this applicant
within the last five years? Yes ___ No ___

Submitted by: name _____
signature _____
date _____

Is insurance on your club's physical equipment required? Yes ___ No ___

If so describe each item and the amount of Insurance required on that item below. Attach equipment list if more space needed.

(Note policy contains a \$1,000. deductible per claim) Insurance is offered in units of \$100 at a cost of \$1 per \$100 insured.

Description	Insurance required

Required Certificates (note: all insured clubs will receive a certificate showing that they are insured and copies can be given to those who require proof of insurance. Some organizations require an additional certificates specified in agreements they have with the club to use their facilities).

Additional certificates required: yes ___ no ___ if yes complete table below:

Certificate holder (other party) name and address	Purpose or activity, location and dates	Does contract require Certificate Holder be added as additional insured?			Is current contract on file with AON ? If not attach copy.	
		Yes	Limit required	No	Yes	No - copy attach'd

Add additional information that would not fit in available space here. Attach pages if necessary.

Submitted by: name _____
signature _____
date _____