

CHAPTER APPLICATION FOR LIABILITY INSURANCE

CHAPTER NAME			
ADDRESS			
EFFECTIVE DATE		SUBJECT TO UNDERWRITING APPROVAL	
CONTACT		PHONE	FAX

	PLEASE ANSWER ALL QUESTIONS	YES	NO
1	HAS THE CHAPTER PREVIOUSLY HAD LIABILITY INSURANCE? IF YES LIST POLICY NUMBER AND COMPANY BELOW.		
2	HAS THE CHAPTER HAD ANY CLAIMS (INSURED OR NOT) IN THE LAST 5 YEARS IF YES PLEASE DESCRIBE BELOW (DATE, CIRCUMSTANCES AND AMOUNT)		
3	HAS ANY LIABILITY INSURANCE FOR THE CHAPTER BEEN CANCELLED IF YES DESCRIBE BELOW, DATE AND REASON FOR THE CANCELLATION.		
4	DOES THE CHAPTER RENT OR OWN ANY PROPERTY OR EQUIPMENT? IF YES PLEASE DESCRIBE BELOW.		
5	DOES THE CHAPTER SERVE ALCOHOL AT ANY FUNCTIONS. IF THE ALCOHOL IS SERVED BY A RESTAURANT OR INDEPENDENT SERVICE ANSWER NO. IF YES DESCRIBE BELOW NUMBER OF FUNCTIONS		
6	TOTAL NUMBER OF CHAPTER MEMBERS? INCLUDE OFFICERS AND DIRECTORS		
7	PLEASE LIST AND DESCRIBE ANY SERVICES OR PRODUCTS WHICH THE CHAPTER OFFERS TO IT'S MEMBERS OTHER THAN MEETINGS WHICH PROVIDE INFORMATION ON THE HVAC INDUSTRY AND RELATED ACTIVITIES.		
8	ANTICIPATED NUMBER OF MEETINGS OR FUNCTIONS FOR THE NEXT 12 MONTHS.		

Description of any yes answers for questions 1 to 5 above

I understand that this application if approved, provides coverage based on the accuracy of the answers to all of the above questions.

COVERAGE <input type="checkbox"/> \$1,000,000	PREMIUM \$500	INCLUDING TAX. \$540	SIGNATURE _____
			PRINT NAME OF SIGNING OFFICER

PLEASE ATTACH YOUR CHEQUE PAYABLE TO ADRIATIC INSURANCE BROKERS LTD.
10 Director court, suite 100, Woodbridge, Ontario L4L 17E8 PHONE 1(800) 267 - 7636