



APPLICATION FOR MEMBERSHIP

Membership in CAIR is limited to licensed insurance reciprocals located in Canada, and any pool, captive, fraternal benefit society or similar risk-sharing program or pool operating in Canada. **Please complete the application below and send by mail or e-mail (office@cair-insurance.com) to the attention of: Marie Bordeleau, CAIR Association Manager c/o Base Consulting, 250 Consumers Road, Suite 301, Toronto, Ontario M2J 4V6.**

Name of Applicant	
E-mail	
Telephone	
Business Address	
Name of Attorney-in-Fact (if applicable)	
Name of CEO/Executive Director/President (if different than above)	
State the nature of operation of Applicant, by whom it was formed, and by whom it is owned	
Is the Applicant a not-for-profit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the makeup of Board of Applicant (Subscribers, external Directors, etc.)?	
What lines/classes of insurance are underwritten/funded by the Applicant?	
What is the Applicant's Annual Gross Written Premiums or funds collected in the last fiscal year?	
In which provinces and/or territories is the Applicant currently licensed to operate or conduct business?	

Date	
Signature	
Name	
Title	

Please return the completed application form by mail or e-mail (office@cair-insurance.com) to Marie Bordeleau, CAIR Association Manager c/o Base Consulting, 250 Consumers Road, Suite 301 Toronto, Ontario M2J 4V6 Canada