



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.

1. Name of Applicant

2. Business Address:

3. Name of Attorney-in-Fact (if applicable):

4. Name of CEO/Executive Director/President, if different than item 3. above:

5. Telephone and Fax Number: _____ / _____

6. E-mail Address: _____

7. State the nature of operation of Applicant, by whom it was formed, and by whom it is owned:

8. Is the Applicant a not-for-profit organization?

9. What is the makeup of Board of Applicant (Subscribers, external Directors, etc.)?

10. What lines/classes of insurance are underwritten or funded by the Applicant

11. What is the Annual Gross Written Premium or funds collected of the last fiscal year of the?

12. What Provinces, Territories is the Applicant currently licensed to operate in, or conduct business in?

Date: _____

Signature: _____

Name: _____
(please print)

Title: _____

Please return the completed application form by mail or e-mail to the attention of:

Emma Roberts
CAIR Association Manager
c/o Base Consulting
250 Consumers Road, Suite 301
Toronto, Ontario M2J 4V6
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