

**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 \_\_\_\_\_