



ASSOCIATIONS INTRODUCTORY APPLICATION

Insured Details

Business Name:

Contact Name:

Address:

Town/City:

Province:

Postal Code

Email

Website

Business Description

Year Established:

Claims last 5 Years:

Current Insurer:

Insurance Declined:

Insurance Details

Renewal Date:

Current Broker:

Current Insurer:

Building Replacement Cost:

Contents Replacement Cost:

Equipment Replacement Cost:

Money Coverage:

Liability \$5m or \$10m:

Target Premium:

Last Years Premium:

Deadline Date

Our team, at Polaris Solutions Inc. has the understanding, expertise and experience to manage even the most complex insurance challenges. Call us toll-free to reach one of our broker representatives in your area to discuss your specific requirements and the value added services we can provide.