

# FACILITY ASSOCIATION

## APPLICATION FOR APPOINTMENT TO A SERVICING CARRIER

- Item 1: Registered Name of Agency/Brokerage \_\_\_\_\_ Jurisdiction: \_\_\_\_\_
- Item 2: Mailing Address #1 \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_
- Mailing Address #2 \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_
- Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_
- Email Address \_\_\_\_\_
- Item 3: Provincial Corporate/Business Registration # \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_
- Item 4: Provincial Agents/Brokers Licence # \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_
- Item 5: Name of your principal Automobile Insurer \_\_\_\_\_
- Item 6: List all Companies with whom you write Automobile Insurance and indicate volume.
- A \_\_\_\_\_ Volume \_\_\_\_\_ B \_\_\_\_\_ Volume \_\_\_\_\_
- C \_\_\_\_\_ Volume \_\_\_\_\_ D \_\_\_\_\_ Volume \_\_\_\_\_
- Item 7: Have you previously operated as an Insurance Agent or Broker? If so, list the name of the Agency or Brokerage with whom you were associated and the name of its Facility Association Servicing Carrier.
- \_\_\_\_\_
- \_\_\_\_\_
- Item 8: Indicate your Servicing Carrier preference (*While your preference is taken into account; there is no guarantee you will be assigned to your preferred Carrier*)
- 1<sup>st</sup> \_\_\_\_\_
- 2<sup>nd</sup> \_\_\_\_\_

### I/WE HEREBY APPLY TO THE FACILITY ASSOCIATION FOR BROKERAGE APPOINTMENT

New Appointment:

Revision to an existing contract:

List of Principals & Designated Individuals

Licence Number's

Authorized Signatures of designated individual or principal

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\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO [mail@facilityassociation.com](mailto:mail@facilityassociation.com)