



## APPLICATION FORM

\*This application must be printed and signed once completed

**Insurance Company:** The Co-operators  COSECO  CUMIS

**Line of Business:** (Please select the line of business this application is referring to)

Auto  Home  Commercial  Farm

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Policy Number:</b>
<b>Apt/Unit#:</b>	<b>Residence Telephone:</b> ( )
<b>City &amp; Province:</b>	<b>Cell:</b> ( )
<b>Postal Code:</b>  _ _ _ - _ _ _	<b>Email:</b>
	<b>Business Telephone:</b> ( ) Ext:

**My concern has been presented to the following individual(s):** [ Provide name(s) and dates ]

<b>Name:</b>	<b>On the approximate date:</b>

**Describe the unresolved issue. The panel's decision will be based on the information they receive, so please provide full details:**

---



---



---



---



---



---



---



---



---



---

**Summarize the steps you have taken to try to resolve this issue:**

---

---

---

---

---

---

---

---

**I have provided copies of relevant documents (do not provide originals as they will not be returned):**  
Please list the documents you are enclosing.

- 1.
- 2.
- 3.
- 4.
- 5.

**List any additional attachments:**

---

---

---

---

---

**What do you consider would be a fair resolution?**

---

---

---

---

---

---

*Receipt of your application will be acknowledged. You will be advised of the panel's decision in writing.*

**Disclosure:**

I understand and agree to the following:

- The Co-operators will use the information I have given in this form or which is attached to it or otherwise provided to The Co-operators to verify and process this application.
- The Co-operators may disclose the information provided to, or collect information from, its officers, directors employees, contractors or agents for the purpose of verifying the information provided and to investigate if all appropriate measures were taken to resolve the above indicated issue prior to presenting this application to the panel.
- The Co-operators will share the information provided along with any additional information obtained by The Co-operators with the panelists for the purpose of achieving a collaborative agreement.

I confirm that the information I have supplied is complete and accurate to the best of my knowledge. I understand that to knowingly make a false statement or material misrepresentation may result in this application being declined by The Co-operators.

***\*Please print, sign and date this application prior to submitting.***

---

**Signature**

---

**Date**

Please forward this application to:      Service Review Panel  
c/o Compliance  
The Co-operators  
130 Macdonell St.  
Guelph, ON N1H 6P8

You may also send your application with attachments via:  
Email: [servicereviewpanel@cooperators.ca](mailto:servicereviewpanel@cooperators.ca)  
Fax: (519) 823-9944

*Receipt of your application will be acknowledged. You will be advised of the panel's decision in writing.*