

APPLICATION FORM

surance company:	Co-operators	CUMIS		
ne of Business: (Please	e select the line of busir	ness this applica	tion is referring to)	
	Auto	Home	Commercial	Farm
Name:			Date:	
Address:			Policy Number:	
Apt/Unit#:		Residence Telephone: Cell:		
City:	Province:		Email:	
Postal Code:		Business Teleph	Business Telephone: Ext:	
My concern has bee	en presented to the fo	llowing individ	ual(s): [Provide name(s	s) and dates]
Name:	•	-	On the approximate da	
	olved issue. The panel' (1500 character limit)		oe based on the inform	nation they receive, so pleas

Summarize the steps you have taken to try to resolve this issue (1000 character limit):
If you need more space than provided above, please attach additional written documents.
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? (1000 character limit):

Disclosure:

Fax: 519-823-9944

- Co-operators will use the information I have given in this form or which is attached to it or otherwise provided to Co-operators to verify and process this application.
- 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.
- Co-operators will share the information provided along with any additional information obtained by 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 Co-operators.

Please sign and date this application prior to submitting.		
Signature	Date	
Please forward this application to:		
Service Review Panel c/o Compliance Co-operators 130 Macdonell St. Guelph, ON N1H 6P8		
You may also send your application with attachments via: Email: servicereviewpanel@cooperators.ca		

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