

INTERIOR DESIGNERS OF CANADA LIABILITY INSURANCE PROGRAM PROOF OF INSURANCE FORM

Name: _____

Association Membership _____ Member #: (if applicable) _____

Complete Mailing Address _____

City, Province & Postal Code _____

Telephone Number & E-mail _____

OPTION A

I am covered by my employer and do not provide interior design services outside of my employment

Employer's Name

Insurance Company Name (Broker & Insurer) & Policy #

Policy Effective and Expiry Date

OPTION B

I currently have insurance through another company

Insurance Company Name (not Broker) & Policy #

Policy Effective and Expiry Date

OPTION C

I have applied to my Association for a waiver of insurance under its terms and conditions

The above noted information is truthful and accurate to the best of my knowledge

Signed _____ Date _____

Please return this form via mail or fax to the ARIDO office at 220-6 Adelaide Street East, Toronto, ON. M5C 1H6
Fax – (416) 921-3660