

ICC INSURANCE CLAIMS COLLABORATIVE INC.

117 Young Street, Unit 7-9, Alliston Ontario Tel. (705) 435-7588 Fax (705) 435-7533

MEMBERSHIP APPLICATION

Company Information

Legal Name _____ Trade Name _____

Names of Principal(s) or Partners _____

Address _____

City _____ Province _____ Postal _____

Telephone () _____ Fax () _____ Email _____

Does company have Liability Insurance? Yes No

Name of company Liability Carrier _____ Policy # _____

Coverage Limits _____ Expiration Date ____/____/____

Does company have high speed internet? Yes No

Supplier Information

Are you currently a member of a buying group? Yes No If yes, which group? _____

Do you currently receive an annual mill rebate? Yes No

Which Manufacturers are your four (4) largest suppliers?

	<u>Mill/Supplier</u>	<u>Flooring Category</u>	<u>% of Business</u>	<u>Account Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Program Information

Please check each product directly provided by your company :

Carpet Vinyl Laminates Hardwood Ceramics Area Rugs

Please check each service directly provided by your company :

Hardwood Sanding & Refinish Ceramic Installation Flooring Repairs
 Carpet Cleaning Emergency Water Extraction

Restoration Contractors Do you currently work with Restoration Contractors on insurance replacement work? If yes, please list:

<u>Restoration Contractor :</u>	<u>Contact :</u>	<u>Est'd Annual \$ Volume:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate your company's geographical trading area _____

Terms and Conditions : If this application is accepted you agree to the following :

1. Process all carpet, laminate, hardwood and vinyl claims through the ICC Validation service whether requested by an Insurer or not.
2. Work with ICC and Program Suppliers to promote the ICC Program and it's use to all Insurers and their Adjusters (Staff or Independent).
3. Work within the proscribed program margins for all insurance replacement work.
4. Use the ICC Online Standardized Quotation and Full Disclosure Invoice/Project Statement Platform for all insurance related work.

Name (please print) : _____ Title : _____

Signed : _____ Date : _____

Completion of this application is not an indication your company's acceptance as a member of the ICC National Flooring Insurance Replacement Program. Please send to info@icc.ca when completed
Accepted new Members will have to review and sign the ICC Membership Agreement and accept the online User License Agreement
Yearly program renewal is at the discretion of ICC.