

PARTICIPANTS OF  
ONTARIO HORTICULTURAL ASSOCIATION  
CERTIFICATE PROGRAM

UNDERWRITTEN BY:  
THE CO-OPERATORS GENERAL INSURANCE COMPANY

SHAWN LAPALM #72514

# APPLICATION / PREMIUM CALCULATION

1) ORGANIZATION NAME: \_\_\_\_\_

2) MAILING: STREET \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

3) PREMIUM CALCULATION:

<b>COVERAGE</b>	<b>LIMIT</b>	<b>PREMIUM/ RATE/\$100</b>	<b>ANNUAL PREMIUM</b>
A) BONDING	\$ _____	\$25/\$5,000	\$ _____
B) ABUSE	\$100,000	\$ 50.00	\$ _____
	\$250,000	\$100.00	\$ _____
	Higher limits contact Underwriting		
		<b>SUB TOTAL</b>	\$ _____
		<b>PLUS 8% PST</b>	\$ _____
		<b>TOTAL</b>	\$ _____

4) \_\_\_\_\_  
SIGNATURE ON BEHALF OF ORGANIZATION

\_\_\_\_\_  
DATED