

PARTICIPANTS OF
ONTARIO HORTICULTURAL ASSOCIATION
CERTIFICATE PROGRAM

UNDERWRITTEN BY:
THE CO-OPERATORS GENERAL INSURANCE COMPANY

Dean Ribey

APPLICATION / PREMIUM CALCULATION

1) ORGANIZATION NAME: _____

2) MAILING ADDRESS : STREET _____

CITY _____

PROVINCE _____

POSTAL CODE _____

3)PREMIUM CALCULATION:

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

4) _____
SIGNATURE ON BEHALF OF ORGANIZATION

DATED