

PRODEMUNITY

INSURANCE SOLUTIONS



APPLICATIONS

Please contact us for complete application packages and additional information and requirements.

Tel: (416) 386-1770 **Email:** mail@prodemunity.com

- Insurance Package including Application for Annual Practice Insurance, and Guidelines for Completion – for first-time applicant
- Application for Annual Practice Insurance (Renewal) – (Hand Writable)
- Application for Annual Practice Insurance (Renewal) – (Acrobat Fillable)
 - Instructions for Acrobat fillable form (Renewal)
 - Guidelines for Completion (Renewal)
 - Addendum: Pollution Liability Coverage (for Increased Limits-Policy No. 4)
- Premium Payment Pre-Authorized Debit (PAD Form)
- Premium Payment Options
- Application for Spike Up in Annual Practice Limits for a Single Project

CLAIMS

- Notification of Claim Form
- Claims Experience Workbook
- Claims Experience – Fillable Checklists and Worksheet

Disclaimer:

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