

This form is to be filled in by the CAO of the Service Manager or his/her designate. It must be submitted (along with a completed Alternate Brokerage Coverage Form and a copy of the alternate broker quote) to HSC **at least 14 days before the date of renewal or inception of coverage** or HSC will bind the LHC with the HSC program broker and invoice for that coverage.

Submit completed LHC Form, Alternate Broker Coverage Form and alternate broker quote to:

Email: insurance@hscorp.ca or fax: 416-594-9422

Please note:

- **Alternate Broker Coverage Form** is required to purchase insurance from any alternate broker
- **LHC Form** (for Local Housing Corporations only) is required to purchase insurance from any alternate broker

(Name of Local Housing Corporation)

has the authorization of the Service Manager

| | Service Manager to complete in full |
|--------------------------------|-------------------------------------|
| Name of Service Manager | |
| Contact Name | |
| Address | |
| Email | |
| Phone Number | |

to purchase insurance coverage through an alternate broker instead of HSC's program broker.

We acknowledge the requirements of the *Housing Services Act, 2011* (HSA), related regulations and other provincial requirements regarding LHC insurance and we authorize the decision of the LHC to purchase insurance coverage outside the HSC Group Insurance Program.

We understand that, as a prescribed housing provider under the HSA, the LHC is required to meet the mandatory minimum coverages described in the **Coverage Checklist** (available at www.hscorp.ca) and to participate in the HSC Group Insurance Program. Participation includes payment of the program management fee to HSC.

We acknowledge that the LHC accepts full responsibility for the decision to obtain coverage from an alternate broker, as well as any and all consequences thereof.

**Signature of Service Manager's
Chief Administrative Officer**

or Designated Signing Authority: _____ **Date:** _____

Return this form along with the Alternate Broker Coverage Form and alternate broker quote to HSC Insurance Inc. by email: insurance@hscorp.ca, fax: 416-594-9422 or post: 30 Duncan Street, Suite 501, Toronto, ON M5V 2C3