ALTERNATE BROKER COVERAGE FORM

For the period November 1, 2026 – October 31, 2027

- **Alternate Broker Coverage Form** is required to purchase insurance from any alternate broker
- **THIS FORM DOES NOT APPLY to Local Housing Corporations**. LHCs have a different alternate broker process and MUST contact HSC directly to discuss the steps involved

This form has two parts that must be completed and signed by **both** your alternate broker and by the Chair of the housing provider's Board of Directors or his/her designate. It must be submitted to HSC **at least 14 days before the date of renewal or inception of coverage** or HSC will bind the provider with the HSC program broker and invoice for that coverage.

Submit completed Alternate Broker Coverage Form and alternate broker quote via email to: insurance@hscorp.ca

PART 1: ALTERNATE BROKER DECLARATION AND CONTACT INFORMATION

I declare as an authorized broker/agent of:

	Alternate broker to complete in full
Name of Brokerage	
Contact Name	
Address	
Email	
Phone Number	

I have reviewed all HSC Minimum Coverage Standards set out in the HSC **Coverage Checklist** with the housing provider's Board of Directors or his/her designate. I have read and accepted the conditions and I confirm that all HSC Minimum Coverage Standards set out in **Coverage Checklist** have been met or exceeded by the coverage I am offering.

I am authorized to offer the following quotation net of taxes for the coverage described in the checklist

$ _____ for the period of _____ to _____

Housing providers with prescribed participation in the HSC insurance program under the *Housing Services Act, 2011* (HSA) are required to remit an HSC Alternate Broker Fee (equivalent to 2.5% of premium) directly to HSC within 30 days from date of policy renewal. Based on the quotation provided above, the HSC Alternate Broker fee of 2.5% of the premium is $ _____.

I agree to provide claims data semi-annually (or upon request) to HSC.

_____

Alternate Broker Name

_____ _____

Alternate Broker Signature Date

PART 2: CHAIR OF THE HOUSING PROVIDER'S BOARD OF DIRECTORS (OR DESIGNATE)

On behalf of the Board of Directors of

	Housing Provider to complete in full
Housing Provider	
Contact Name	
Title	
Address	
Email	
Phone Number	

I certify that we support the decision to obtain insurance coverage from an alternate broker.

I understand that as a prescribed housing provider under the *Housing Services Act, 2011* (HSA) my housing corporation is required to participate in such insurance programs as may be coordinated by the Housing Services Corporation. I further understand that if my housing corporation is a Local Housing Corporation (LHC), that the provincial transfer orders require participation in the HSC Group Insurance Program.

I understand that HSC is required under the HSA to co-ordinate insurance programs for prescribed housing providers under prescribed housing programs and to establish policies and processes for providing insurance to prescribed housing providers and tender for programs of insurance on behalf of prescribed housing providers.

I am aware that HSC has negotiated mandatory minimum coverages that must be met by all insurance providers.

I understand that prescribed housing providers are required to meet the mandatory minimum coverages described in the HSC Coverage Checklist.

I understand that by choosing not to purchase insurance through the HSC Group Insurance Program, the Board accepts full responsibility for any and all consequences of that decision. I further understand that there may be coverages available through the HSC Group Insurance Program that are not available through my alternate broker and that my housing corporation may be subject to financial loss from damage that may have otherwise been indemnified by the insurer if coverage had been purchased through the HSC program broker.

I agree to participate in the HSC Group Insurance Program, as mandated by provincial requirements, by paying the HSC program management Alternate Broker fee**. I understand that I will be invoiced directly for the fee, which is equivalent to 2.5% of the premium in the alternate broker quotation. I agree to remit this fee directly to HSC within 30 days from the date of policy renewal.** I understand that HSC will report the decision to purchase insurance from an alternate broker to my Service Manager and to the Ministry of Municipal Affairs & Housing.

I have read and accept the conditions stipulated in this form. I confirm that all HSC minimum coverage standards will be met or exceeded, where applicable, for the term November 1, 2026 to October 31, 2027, and that the information provided herein is accurate.

Signature of Chair of Board of Directors or Designate:

_____

Date: _____

Return this form and alternate broker quote to HSC Insurance Inc. by email: insurance@hscorp.ca or post: 20 Dundas Street West, Suite 1030, Toronto, ON M5G 2C2