



# Supporting Member Application

|                 |  |
|-----------------|--|
| DATE COMPLETED: |  |
|-----------------|--|

## SUPPORTING MEMBERSHIP DESCRIPTION / ELIGIBILITY:

|  |   |
|--|---|
| <p>Any self-employed individual, firm or corporation <u>offering supportive services</u> to commercial insurance brokers, and whose aims and practices are consistent with the objectives of the Council, shall be eligible for Supporting membership. (For clarification: the services of insurance companies, insurance litigators and adjusters, are not considered to be 'supporting services to brokers' and therefore do not qualify for Supporting Membership.)</p> | <p><b>ANNUAL FEE</b><br/><b>\$1,250 + HST</b></p>   |
| <p>Must have the recommendation of two current TIC board members as sponsors.</p>  | <p><input type="checkbox"/> Yes, Name: _____</p> <p><input type="checkbox"/> Yes, Name: _____</p> |

## MEMBERSHIP BENEFITS:

|                            |  |
|----------------------------|--|
| <p><b>BENEFITS:</b></p>    | <ul style="list-style-type: none"> <li>• Focused venue to communicate with commercial insurance brokerages each managing at least \$20mill commercial lines premium</li> <li>• Advance notice and member discount for the TIC Black Tie event; the highest level commercial insurance networking night of the year.</li> <li>• Advance notice for the TIC Golf Tournament; the highest level golf networking opportunity in commercial insurance.</li> <li>• Access to the TIC news updates, which highlight the status of TIC advocacy work and illuminates issues of importance to member principals and CEOs – allowing supporting members to better understand their clients</li> <li>• Brand exposure opportunities through event sponsorship and advertorial newsletter space</li> <li>• Brand enhancement through association with the TIC brand which is recognized as an effective, well-managed and governed association of quality commercial insurance brokers of substance.</li> <li>• TIC Scholarship Program; financial assistance to anyone wishing to enter the Insurance Industry. (See <a href="http://www.ticbrokers.ca">www.ticbrokers.ca</a> for more information.)</li> </ul> |
| <p><b>LIMITATIONS:</b></p> | <ul style="list-style-type: none"> <li>• Supporting members shall not be entitled to serve on the Executive Committee, nor shall they have voting rights. Supporting members shall not have any vested interest in the finances of the Council. Supporting members are not entitled by virtue of this membership to make promotional use of the BIP logo.</li> </ul>   |

**COMPANY INFORMATION:**

|            |  |              |  |
|------------|--|--------------|--|
| Company:   |  |              |  |
| Address:   |  |              |  |
| City/Prov: |  | Postal Code: |  |
| Telephone: |  | Web Site:    |  |

**CONTACT INFORMATION:**

|                   |  |         |  |
|-------------------|--|---------|--|
| Your Name:        |  |         |  |
| Your Title:       |  |         |  |
| Direct Telephone: |  | E-Mail: |  |

To best serve your firm, please update the individuals to whom we should forward information regarding the following events.

| AREA:                     | NAME: | TITLE:                      |
|---------------------------|-------|-----------------------------|
| Membership (key contact): |       |                             |
| Billing/invoices:         |       |                             |
| Presidents' Reception:    |       | President or C.E.O.<br>ONLY |
| Annual General Meeting:   |       |                             |
| Golf Classic:             |       |                             |
| Black Tie Dinner:         |       |                             |

**BUSINESS INFORMATION:**

|   |  |
|---|--|
| Type(s) of supporting services offered to GTA-based commercial insurance brokers: |  |
| Number of years in business:  |  |
| Interest in joining the Toronto Insurance Council:                                |  |

**MEMBERSHIP SERVICES:** We encourage your participation in any or all TIC initiatives. Please indicate which of the following interest you most.

| ACTIVITY:  | WILL YOUR FIRM PARTICIPATE IN THESE PROGRAMS & ACTIVITIES?  |
|--|---|
| Presidents' Reception:                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Annual General Meeting:                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Golf Classic:                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Black Tie Dinner:                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Website (social media):                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Representation (government & regulatory bodies): | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**THANK YOU FOR YOUR TIME AND INPUT!**

Please return this membership application to the TIC office by e-mail.  
 Final approval of any application must be granted by a majority vote of the executive committee.

**Toronto Insurance Council**  
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