



**MUTUELLE
D'ASSURANCE
EN ÉGLISE**

CABINET EN ASSURANCE DE DOMMAGES

APPOINTMENT OF AN INSURANCE COORDINATOR REPLY FORM

The under-signed	
(Insured's name)	Member no.
Hereby appoints Mr. / Mrs.	
(NAME AND TITLE IN CAPITAL LETTERS)	
member of the parish council/board of directors to act on their behalf as insurance coordinator and to execute all decisions taken by the insured with La Mutuelle d'assurance en Église it being understood that the said insurance coordinator shall act in this capacity whenever he/she is a member of the parish council/board of directors and his/her appointment has not been revoked by a resolution adopted at a regular meeting of the insured's parish council/board of directors.	
Date :	_____
President of the insured (duly authorised by resolution) (NAME AND TITLE IN CAPITAL LETTERS)	Signature
Additional information – Members of the parish council / board of directors	
WHERE CAN WE REACH YOU?	
MEMBER	COORDINATOR
Telephone :	Telephone :
Fax :	Fax :
Email :	Email :
Please return this form, duly filled out by email, fax (514-861-892) or by mail at : La Mutuelle d'Assurance en Église, 1071, rue de la Cathédrale, Montréal (Québec) H3B 2V4	