



**MUTUELLE  
D'ASSURANCE  
EN ÉGLISE**

AGENCE 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |
| <p><b>member of the council/board of directors to act on their behalf as insurance coordinator and to execute all decisions taken by the insured with the Mutuelle d'assurance en Église it being understood that the said insurance coordinator shall act in this capacity whilever he/she is a member of the council/board of directors and his/her appointment has not been revoked by a resolution adopted at a regular meeting of the insured's council/board of directors.</b></p> |                                     |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |
| President of the insured<br>(duly authorised by resolution)<br>(NAME AND TITLE IN CAPITAL LETTERS)                                                                                                                                                                                                                                                                                                                                                                                       | Signature                           |
| Additional information – Members of the parish council / board of directors                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |
| WHERE CAN WE REACH YOU?                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |
| INSURED'S COORDINATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COORDINATOR'S COORDINATES |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone:                          |
| Cell phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cell phone:                         |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Email:                              |
| <b>Please return this form, duly filled out by fax, email (<a href="mailto:info@cmae.ca">info@cmae.ca</a>) or by mail at: Mutuelle d'Assurance en Église, 1155 Metcalfe Street, 15th floor, suite 1562, Montreal (Quebec) H3B 2V6</b>                                                                                                                                                                                                                                                    |                                     |