



BRITISH CAR COUNCIL INC
Membership & Renewal Form / Invoice
 (please print clearly)

 mmm / dd / yyyy

[This Form Becomes Your Invoice Once Completed]

Club Name: _____

Club Mailing Address: _____

Club Telephone: _____ Fax: _____

Club Web Site: _____

BCCI Representative: _____

Rep Address: _____ Rep Phone: _____

_____ Rep Fax/Cell: _____

Rep E-mail: _____

Fee Calculation & Invoice Amount

Basic Annual Club Membership to BCCI (May through April) \$ **40.00**

Additional Insurance 'Per Club Member' Fee * _____ X \$1.50 per member \$ _____

(enter the number of members in the club at the end of the last calendar year here \uparrow then multiply by 1.5 and enter the amount here) \uparrow

* The 'CLASSIC & ANTIQUE AUTO CLUBS OF ONTARIO INSURANCE FORM' and the 'DIRECTORS & OFFICERS LIABILITY INSURANCE FORM' must be completed or adequate proof of insurance must be provided.

Total Amount Due: (add the basic membership & the additional fee & enter the total due) \$

This Form Becomes Your Renewal Invoice Once Completed

Complete this form and return it along with your payment to:
 (cheques payable to British Car Council Inc)

**British Car Council
 Bayview Village Post Office
 Box 91135
 Willowdale, Ontario
 M2K 2Y6**

CLASSIC AND ANTIQUE AUTO CLUBS OF ONTARIO INSURANCE FORM (____)

yyyy

Name of Club: _____

Contact Name: _____

Contact Address: _____

Date Club Started: _____ Current Number of Members: _____

List subsidiary clubs if any: _____

Types of Vehicles Unique to the Club: _____

Types of Special Events Attended: _____

Number of Events Attended Annually: _____ Usual Location of The Events: _____

Does the club host events outside the Province? Yes ___ No ___ If yes, describe in detail _____

Does the club travel outside the Province? Yes ___ No ___ If yes, where? _____

Does the club have fundraisers? Yes ___ No ___ If yes, what kind _____

Does the club participate in other activities? Explain: _____

DIRECTORS & OFFICERS LIABILITY INSURANCE FORM

1) Legal Structure (Corporation, Association, Foundation, etc) _____

2) Limit of liability requested: \$2,000,000.

3) The officer designated to receive any and all notices from the insurer or their representatives concerning this insurance:

Name: _____

Mailing address: _____

4) Size of operating budget (revenue plus cash assets)

Current year: \$ _____

Anticipated for next year: \$ _____

Annual Dues from members: \$ _____

Estimated donations/contributions from the general public: \$ _____

5) Number of: Directors _____ Officers _____ Volunteers _____ Members _____

6) List all subsidiaries and affiliated organizations: _____

7) How frequently does the Board of Directors meet? _____

8) Does each Director have a formal job description, clearly defining their scope of duties? Yes___ No ___

9) In the past 5 years, has similar insurance been declined, cancelled, non-renewed or refused? Yes___ No ___

10) Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which might give rise to a future claim? If yes, provide details. Yes___ No ___

Club Representative
Name & Signature _____ Date: _____

***** Complete This Form & Return It To BCCI *****