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| **Instructions:**  **Sponsoring Insurer**   * Complete [Section 1](#Section1_Insurer) in full.   **Brokerages**   * For initial intake (new DASH Clients), Brokerages are required to complete the form in full ([Sections 2](#Section2_Brokerage), [Section 3](#Section3_Contact), and [Section 4](#Section4_Consent)). * Existing DASH clients, expanding their list of Sponsoring Insurers, are required to complete [Sections 2](#Section2_Brokerage) and [Section 4](#Section4_Consent).   The completed Brokerage Intake Form must be forwarded to the sponsoring insurer for submission to IBC.  To request a change to the organization Brokerage contact information, please contact [DASH Support](mailto:dashsupport@ibc.ca?subject=Update%20DASH%20Contact%20Information) directly.  For more information on the brokerage enrolment process, please visit [DASHinfo.ibc.ca](https://dashinfo.ibc.ca/New-to-DASH/Enrolment#sponsor). |

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| **Section 1: Sponsoring Insurer** *(mandatory)* | (TO BE COMPLETED BY SPONSORING CARRIER) |
| This section is to be completed by the sponsoring insurer. The information collected here will be used by the Insurance Bureau of Canada (”IBC”) for the purpose of assigning a default maximum number of years (e.g. creating a Number of Years parameter) of data in IBC’s DASH Product that can be accessed on your behalf by the sponsored Brokerage.  For more information on the “Number of Years” parameter, please reference the [DASH Portal User Manual](https://dashinfo.ibc.ca/files/DASH-Portal-User-Manual.pdf). | |

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| **Sponsoring Insurer Information** *(mandatory)* | |
| **Organization Name** | Gore Mutual Insurance Company (17679) |
| **Organization Number** | 655 |
| **Sponsor Contact Name** | Susan Walton |
| **Sponsor Email** | swalton@goremutual.ca |
| **Maximum Number of Years for Underwriting** | 10 |
|  | I represent and warrant that the Brokerage named in Section 2 is authorized to access the maximum number of years indicated above on behalf of the named organization for the purpose of underwriting. |

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| **Section 2: Brokerage** *(mandatory)* | (TO BE COMPLETED BY BROKERAGE) |
| All brokerage DASH clients are required to complete Section 2. | |

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| **Brokerage Information***(mandatory)* | |
| **Legal Entity Name** | Legal Entity Name |
| **Legal Entity Address** | Legal Entity Address |
| **Existing DASH Client** | Have you been sponsored before? |

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| **Broker License Information**  *Broker License Information will be used for validation purposes only when creating new organizations in the DASH Portal (i.e. RIBO License Number/Registered License Address, Brokerage License Number). Please complete this table to the best of your abilities; if you do not know the broker license information, please leave this section blank and continue with the remainder of the form.* | | |
| **AB** | Broker License Number | Registered License Address |
| **ON** | RIBO License Number | Registered RIBO License Address |
| **NB** | Broker License Number | Registered License Address |
| **NS** | Broker License Number | Registered License Address |
| **PE** | Broker License Number | Registered License Address |
| **NL** | Broker License Number | Registered License Address |
| **NU** | Broker License Number | Registered License Address |
| **NT** | Broker License Number | Registered License Address |
| **YT** | Broker License Number | Registered License Address |

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| **Section 3: Contact Information** | (FOR NEW DASH CLIENTS ONLY) |
| Existing DASH Clients expanding their list of Sponsoring Insurers are only required to complete [Sections 2](#Section2_Brokerage) and [Section 4](#Section4_Consent) of the Brokerage Intake Form.  To make an update to the organization Brokerage contact information, please contact [DASH Support](mailto:dashsupport@ibc.ca?subject=Update%20DASH%20Contact%20Information). | |

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| **Primary Business Contact Information** *(mandatory)* | |
| **Name:** | Full Name |
| **Title:** | Job Title |
| **Email:** | Company Email |
| **Phone (optional)** | Contact Number |

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| **Secondary Business Contact Information** *(recommended)* | |
| **Name:** | Full Name |
| **Title:** | Job Title |
| **Email:** | Company Email |
| **Phone (optional)** | Contact Number |

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| Communications, including system outages and enhancements, will be sent to the Primary and Secondary Business Contacts. |

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| **Section 4: Consent** *(mandatory)* | (TO BE COMPLETED BY BROKERAGE) |
| All brokerage DASH clients are required to complete Section 4. | |

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|  | By completing and submitting this form, I consent to the collection, use and disclosure of this form and the information contained herein by the named Sponsoring Insurer and/or the Insurance Bureau of Canada (”IBC”) for the purpose of being provided access to and communication about IBC’s DASH Product. |

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| **Name:** | Full Name |
| **Title:** | Job Title |
| **Date:** | Click to Enter Date |