

## Service Review Panel Application Form

Insurance company: Co-operators CUMIS

Line of Business: (Please select the line of business this application is referring to)

Auto Home Commercial Farm

### Contact Information

Name:	Date:
Address:	Policy Number:
Apt/Unit#:	Claim Number:
City: Province:	Preferred Phone Number:
Postal Code:	Email:

### Who has reviewed your concerns?

My concern has been presented to the following individual(s): [ Provide name(s) and dates ]

Name:	On the approximate date:

### Description

Describe the unresolved issue. The Panel's decision will be based on the information they receive, so please provide full details. (1500 character limit)

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If you need more space than provided above, please attach additional written documents.

## Summary

Summarize the steps you have taken to try to resolve this issue (1000 character limit):

If you need more space than provided above, please attach additional written documents.

## Documentation

**I have provided copies of relevant documents (do not provide originals as they will not be returned):**

Please list the documents you are enclosing.

1.

2.

3.

4.

5.

**List any additional attachments:**

## Preferred Outcome

What is the outcome you would consider fair? (1000 character limit):

## Disclosure

- Co-operators will use the information I have given in this form or which is attached to it or otherwise provided to Co-operators to verify and process this application.
- Co-operators may disclose the information provided to, or collect information from, its officers, directors employees, contractors or agents for the purpose of verifying the information provided and to investigate if all appropriate measures were taken to resolve the above indicated issue prior to presenting this application to the Panel.
- Co-operators will share the information provided along with any additional information obtained by Co-operators with the panelists for the purpose of achieving a collaborative agreement.

I confirm that the information I have supplied is complete and accurate to the best of my knowledge. I understand that to knowingly make a false statement or material misrepresentation may result in this application being declined by Co-operators.

**Please sign and date this application prior to submitting.**

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**Signature**

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**Date**

**Please forward this application:**

**By email:** [servicereviewpanel@cooperators.ca](mailto:servicereviewpanel@cooperators.ca)

**Or by mail:** **Co-operators Service Review Panel**  
**c/o Office of Fair Client Practices**  
**101 Cooper Drive**  
**Guelph, ON N1C 0A4**

**Receipt of your application will be acknowledged. You will be advised of the Panel's decision in writing.**