

Sask Sport Group Insurance Program Application

PSGB name

Contact name _____

Contact phone no. _____

Location address _____

City _____ Province _____ Postal code _____

Email address _____

Fax no. _____

Number of members _____

Sport liability

Number of members _____

Employee dishonesty

Number of members _____

Sport accident

Limit \$25,000 _____

Number of members _____

Future dental Yes No

Out-of-country Yes No

Number of participants _____

Number of days _____

Miscellaneous property

Property limit _____

Please return signed and completed form to:

James T. Pham CIP, CAIB
t: +1.306-569-6725
ff: 1-800-667-9950
f: +1.306-359-0387
e: james.pham@aon.ca

Signature : _____

Title: _____

Date: _____

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Highlights

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- To understand and assess ongoing needs of clients and potential clients and offer products and services to meet those needs
- For communication, service, marketing, billing and administration
- For claims administration and data analysis
- For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
- To develop proprietary tools and databases
- To provide consulting services to insurance companies
- To comply with legal, audit, security and regulatory requirements
- To obtain and update credit information with appropriate third parties, such as credit reporting agencies, where transactions are made on credit
- Other purposes disclosed in our Privacy Policy or our terms of business or disclosed to you at the time of collection, use or disclosure

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