[Co-op’s letterhead]

## CHF CANADA’S RISK MANAGEMENT PROGRAM PARTICIPATION

##  RESOLUTION

**WHEREAS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is insured by Co-operators General

 (Insert Your Co-op’s Legal Name)

Insurance Company as part of CHF Canada’s commercial insurance program for its members, and

**WHEREAS** CHF Canada has developed a Risk Management Program as part of its commercial insurance program, which requires the co-op to complete the requirements for Year One and Year Two of the Risk Management Program in order to participate in the program, and

**WHEREAS** the Housing Co-operativewill receive a discount on their insurance rate if they complete the requirements for Year One of their participation in the Risk Management Program, and

**WHEREAS** the requirements for Year One and Year Two of the Risk Management Program can be found in the 2022 Risk Management Program material sent to the co-op and found on CHF Canada’s website at https://chfcanada.coop/services/insurance-programs/risk-management-program

**M/S/C** Be it resolved that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees

(Insert Your Co-op’s Legal Name)

to participate in CHF Canada’s Risk Management Program and complete the requirements outlined for Year One and Year Two of the program.

And that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and

 (the Co-operative’s designate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be authorized to be the contacts with CHF

 (staff or manager)

Canada and Co-operators as it applies to this Program. The co-op will notify CHF Canada and the Co-operators if either of these names are changed.

We HEREBY CERTIFY the above to be a true and exact extract of the resolution duly passed by the Board of Directors of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the \_\_\_\_\_ day of

(Insert Your Co-op’s Legal Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_