



PROFESSIONAL
INTERIOR DESIGNERS
INSTITUTE OF MANITOBA

Proof of Insurance Form

Name: _____

OPTION A

I am covered by the Canada Wide Prolink Interior Design Insurance Policy.

Policy #

Policy Effective and Expiry Date

OPTION B

I am covered by my employer and do not provide interior design services outside of my employment.

Employer's Name

Insurance Company Name (Broker & Insurer) & Policy #

Policy Effective and Expiry Date

OPTION C

I currently have insurance through another company.

Insurance Company Name (not Broker) & Policy #

Policy Effective and Expiry Date

OPTION D

I have applied to my Association for a waiver of insurance under its terms and conditions.
(contact office@pidim.ca to obtain a waiver request)

The above noted information is truthful and accurate to the best of my knowledge.

Signed _____ Date _____

Please return this form via **email**: office@pidim.ca