

SCHEDULE C



**Taxicab Owner’s Insurance Waiver Form**  
**Town of Fort Frances**  
**320 Portage Avenue**  
**Fort Frances, ON P9A 3P9**  
**Phone: (807) 274-5323      Fax: (807) 274-8479**

Name of Owner:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Residence	Business
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Date of Application for Owner License:\_\_\_\_\_

Name of Insurer:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Name of Broker:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Insurance Policy Number:\_\_\_\_\_

**Waiver**

I \_\_\_\_\_, applicant for a Taxicab owner’s license do hereby authorize my broker and/or insurance company to reveal to the Corporation of the Town of Fort Frances, upon their request, at any time, the status of insurance for all vehicles I own and that are used as Taxicab in the Town and that are licensed by the Town of Fort Frances Taxi Licensing By-Law #, in order to determine if all provisions of said By-Law are adhered to for said insured vehicles.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date