



E: info@cviscanada.com • P: 800-461-8347 • F:855-558-0014

MUNICIPAL ACCIDENT COVERAGE FACTFINDER

Date: \_\_\_\_\_ Current Insurer: \_\_\_\_\_ Date proposal needed by: \_\_\_\_\_

Full Legal Name(s): \_\_\_\_\_
(Include all legal entities to be covered, such as municipalities, societies or clubs, etc.)

Mailing Address: \_\_\_\_\_
Street or PO Box City/town Province Postal Code

Person completing: \_\_\_\_\_
Name Title Telephone Number

E-mail Address: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the box as to what Coverage you want quoted: [ ] Municipal Councillor/Employees [ ] Municipal Volunteers
[ ] 24 Hour Out of Province Medical for Councillors [ ] Volunteer Firefighter

Councillor Coverage - Complete for all personnel to be covered during the policy term:
Number of Councillors including Mayor/Reeve: \_\_\_\_\_ Number of Employees to be added to this Coverage: \_\_\_\_\_
What AD&D Principal Sum do you currently provide? \_\_\_\_\_ or [ ] None
Amount to quote: Check box: [ ] \$100,000 [ ] \$200,000 [ ] Other \$ \_\_\_\_\_

Volunteer Firefighter Coverage
Population of area served on first call basis \_\_\_\_\_ # of fire stations \_\_\_\_\_ #of fire calls/year \_\_\_\_\_
# 1st response/year \_\_\_\_\_ # of paid career personnel \_\_\_\_\_ # of volunteers \_\_\_\_\_
Current coverage [ ] \$100,000 [ ] \$200,000 Other \$ \_\_\_\_\_

Municipal Volunteer - This Policy provides coverage for all Municipal Volunteers under the age of 80 acting on behalf of the Municipality (Excludes Volunteer/Fulltime Firefighters and Auxiliary/Fulltime Police)
What AD&D Principal Sum do you currently provide? \_\_\_\_\_ or [ ] None
Amount to quote: Check box: [ ] \$20,000 [ ] \$50,000

24 Hour Out of Province Medical - This Policy is for Councillors under the age of 80 when traveling outside the Province of Residence. This coverage automatically includes the Spouse of the Insured Member.
Number of Councillors including Mayor/Reeve: \_\_\_\_\_
Do you currently provide this coverage? [ ] Yes or [ ] No. If yes, the name of the current Insurer \_\_\_\_\_

Additional Information

Name of Producing Agent/Broker: \_\_\_\_\_ Agency/Brokerage Name \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge, this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.