Accidental Death and Dismemberment Application

Insured Details

|  |  |
| --- | --- |
| Community Name: |       |
|  |  |
| Mailing Address: | No. |       | Street |       |
|  | City |       | Province |       | Postal Code |       |

 **Occupational Cover and 24-hour Coverage Requirements**

|  |  |
| --- | --- |
| **24 Hour Cover required** | **Occupational Cover required** |
|  |  | **Number** |  |  | **Number** |
| Chief | [ ]  Yes [ ]  No |       | Police and security guards | [ ]  Yes [ ]  No |       |
| Is the Chief over 65 years old? | [ ]  Yes [ ]  No |  | Firefighters | [ ]  Yes [ ]  No |       |
| Council & Board Members younger than 65 years old | [ ]  Yes [ ]  No |       |
| Council & Board MembersOlder than 65 years old | [ ]  Yes [ ]  No |       |
| Other Administrative staff & employees | [ ]  Yes [ ]  No |       |
| Volunteers | [ ]  Yes [ ]  No |       |
| Children | [ ]  Yes [ ]  No |       |

***The insurer requires the full name of ALL persons that are to be insured under the AD&D policy, their role (chief, councillor, etc.). Please attach a separate list of all persons to be included.***

Disclosure Statement

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception which may lead to claims not being paid.

Completion of this form does not bind coverage. The applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will become part of the policy.

**Broker’s Allocation Letter of Authority**

By this Broker’s allocation letter of authority, the client hereby gives the broker authority, on behalf of the owners to research, negotiate and obtain premium quotations for the requested insurances.

This Broker’s allocation letter of authority can, at any time and all times, be changed or withdrawn by the client by written notice to the broker.

|  |  |  |
| --- | --- | --- |
| Applicant’s Name |  | Signature |
|  |  |  |
| Title |  | Date |
|  |  |  |
| Agent/Broker Name |  | Signature |
|  |  |  |
| Address |  | Date |

Note: This document contains “Confidential Information” about insurance products and services proprietary and exclusive to, and the intellectual property of, the Presenter. Improper use or commercial exploitation is prohibited and legal grounds for damages.