



Opp Detachment Board Insurance Application

Please email to: jeff.musser@aon.ca

Coverage includes Commercial General Liability and Public Officials Errors & Omissions

Name of Board:	
Date coverage effective:	
Contact Information:	
Description of Operations:	
Annual Budget:	
Population Served:	
Breakdown of Municipalities Served:	
Number of meetings per year:	
Board Seats to be filled (including makeup, for example, 2 councillors, 1 provincial appointee, etc):	
Claims history (5-Years) and Known incidents that could lead to a claim:	

Date application completed: _____

Name of authorized representative: _____

Signature of authorized representative: _____