

Volunteers Only Group Accident Insurance Questionnaire

Date Prepared: ___/___/___

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ E-Mail Address: _____

Effective Date: _____ Type of volunteer work: _____

Previous insurance: Indicate premiums and losses on accident coverage for the past three years-

Check here if no Accident Medical Coverage

Policy year:	20_____	20_____	20_____
Premium:	\$_____	\$_____	\$_____
Losses:	\$_____	\$_____	\$_____

Submit for quote when there have been losses in the prior 3 years and/or adult sports and/or travel exposure.

Please select only one plan. Coverage must be either all Primary or all Excess.

Based on 52 week benefit period, Excess coverage.

Plan Desired:	Accident Medical Expense	AD&D Coverage
Plan A	\$5,000	\$5,000
Plan B	\$10,000	\$5,000
Plan C	\$25,000	\$5,000

Number of Participants: # _____
 Minimum premium \$350

A surcharge may be added depending on the type of volunteering being covered.

Is staff included in this coverage? _____

For other Plan options please submit questionnaire along with coverage desired for a quote.

Applicant's signature: _____ Date _____

Rates may vary in FL and WA. Coverage shall not be bound until the Company approves the applicant's completed questionnaire. The Company's receipt of premium does not bind coverage until the completed questionnaire is approved. In the event the Company does not approve your questionnaire, your premium payment will be refunded. Mail original signed questionnaire along with a check for the total premium or \$350 minimum premium, whichever is greater. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.