

## Accident Coverage for Volunteers Quotation Request

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Event: \_\_\_\_\_
4. Location of Event: \_\_\_\_\_
5. Dates of Coverage Desired: From \_\_\_\_\_ To \_\_\_\_\_

<b>Coverages &amp; Benefit Limits:</b>	
Accidental Death – Maximum Benefit:	\$ 25,000.
Accidental Dismemberment – Maximum Benefit:	\$ 25,000.
Accidental Medical Expense – Maximum Benefit:	\$ 25,000.
Dental Limit:	Included in Accidental Medical Expense Benefit
Deductible Amount:	\$ 0.

6. Activities to be Covered (please be specific):

Type of Event / Activities	How Often Held	No. of Volunteers	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Are supervisors included in the above numbers?  Yes  No
8. What experience to the volunteers and supervisors have in the activities to be covered?  
\_\_\_\_\_

9. If similar accident coverage for volunteers has been carried in the past, please given details:

**Policy Year:** \_\_\_\_\_

**Premium:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Claims Incurred:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Date

Applicant's signature