ALIVE RISK
A DIVISION OF ALL RISKS, LTD.

APPLICATION FOR: **Volunteer Accident Insurance**

Policyholder Information

Policyholder Name: _____

Mailing Address: _____

Contact Name: _____ Phone Number: _____

Contact Email Address: _____ Insured Email Address: _____

Plan and Benefits

Effective Date: _____ Expiration Date: _____

Maximum Medical Expense Benefit: $ _____ Accidental Death & Dismemberment Principal Sum: $ _____

Deductible (per claim): $ _____

Type of Coverage: ☐ Excess ☐ Primary Coverage for: ☐ All Volunteers of the Policyholder

Number of Enrollees to be Insured: _____ Number of Staff to be Insured: _____

Types of activities the volunteers are performing? _____

Prior Coverage

Have you had prior coverage? ☐ Yes ☐ No

What is the current number of volunteers? _____ Premium: $ _____

Has coverage ever been declined or canceled due to losses? ☐ Yes ☐ No

Declaration and Signature

☐ Applicant declares information provided is true and that no material facts have been suppressed or misstated.
☐ Applicant understands false statements or misrepresentations may result in termination of this insurance contract.

_____ _____
Authorized Signature Date

_____ _____
Printed Name Title

Agent Data

Agent Name: _____ Agency: _____

Address: _____ City/State/Zip: _____

Phone: _____ License Number: _____ Email: _____

Signature: _____ Date: _____