

Non-Profit Volunteer Accident Application

Quote Due Date: _____

Requested Effective Date: _____

Requested Expiration Date: _____

Client Information

Client Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Nature of Business: _____

Risk Information

Type of Non Profit Group: ☐ Community Organizations ☐ Homeowner and Condo Associations
☐ Museums/Galleries/Zoos ☐ Human/Social Services Organizations
☐ Professional/Trade Associations and Foundations

Number of Volunteers: _____ Number of Participants*: _____

Is coverage requested for subsidiaries and affiliates of the policyholder? ☐ Yes ☐ No

Is coverage being sought for or involve any of the following activities? ☐ Yes ☐ No

- Travel or activity occurring outside of the United States
- Any activity that will include travel with at least one overnight stay away from home
- Any police, fire, or first responders activities or exposure
- Any security detail activities or exposure, including event security or neighborhood watch
- Any activity involving direct exposure to animals
- Any construction or repair activities
- Any disaster relief or disaster cleanup activities
- Performing arts or actors/actresses in a performance or show
- Any activity involving firearms or weaponry
- Participation in organized sports leagues
- Any residential exposure
- General attendees, customers, or visitors

If yes to any of the activities listed above, this quote will require review by our Underwriting team before purchase.

*Participants are considered registered nonresident individuals who are involved in your nonprofit's activities and programs but who are not considered volunteers.

Insurance coverage described is underwritten by Arch Insurance Company, NAIC #11150, a member company of Arch Insurance Group Inc. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern. Not all coverages are available in all jurisdictions. Please refer to your policy for detailed terms and conditions.

Plan Design and Benefit Limits

Rates as of 07/24/2023 and are subject to change.

	Volunteer		Participant	
	Option 1	Option 2	Option 1	Option 2
Accidental Death	\$55,000	\$55,000	\$10,000	\$20,000
Accidental Dismemberment and Paralysis	\$110,000	\$110,000	\$20,000	\$40,000
Time Period for Loss	365 Days	365 Days	365 Days	365 Days
Agg Limit	\$500,000	\$500,000	\$250,000	\$250,000
Excess AME	\$100,000	\$250,000	\$50,000	\$100,000
AME Deductible	\$0	\$0	\$0	\$0
AME Benefit Period	365 Days	365 Days	365 Days	365 Days
AME Incurral Period	90 Days	90 Days	90 Days	90 Days
Annual Rate Per Person	\$3.96	\$4.35	\$7.43	\$8.17
Minimum Premium	\$250	\$275	\$250	\$275
Unavailable States	Idaho, New Mexico, South Dakota, Washington			

Coverage Selection

Which plan option would you like quoted?

Volunteer		Participant	
Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>

Prior Coverage

If no prior coverage, check here: ☐

Agency/Broker Information (if applicable)

Name of Firm: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Individual Contact: _____

Email: _____ Phone Number: _____

Requested Commission (15% unless otherwise noted and agreed upon): _____

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