

ACE American Insurance Company (A Stock Company) Philadelphia, PA 19106 (Herein called We, Us, Our)

Nonprofit Volunteer Accident Plan Application

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Broker Information	Insured Information	
Agency Name:	Agency Name:	
Contact Name:	Contact Name:	
Address:	Address:	
City: Zip:	City: State: Zip:	
Phone: Email:	Phone: Email:	
Coverage not available in LA, KY, NH, NY, OR, VT, or WA.		
	cidentinfo@aon.com • Fax to 800-701-1982 Box 392077, Pittsburgh, PA 15251-9077	
1. Premium Calculation (Premium is fully earned at inception and is a	non-cancellable.)	
<u>Silver Plan</u> The premium rates shown below are per person per year.	<u>Gold Plan</u> The premium rates shown below are per person per year.	
a) Number of volunteers utilized per year:	a) Number of volunteers utilized per year:	
b) Multiplied by rate per person per year:	b) Multiplied by rate per person per year:	
without Temporary Total Disability with Temporary Total Disability <u>x \$4.10</u> or <u>x \$5.20</u>	without Temporary Total Disability with Temporary Total Disability <u>x \$4.60</u> or <u>x \$5.70</u>	
c) Total Premium	c) Total Premium	
Aon will bill broker upon policy delivery.	Aon will bill broker upon policy delivery.	
The minimum premium is \$220. 100% participation is required. A list of volunteers is not required.	The minimum premium is \$260. 100% participation is required. A list of volunteers is not required.	
2. Requested Policy Effective Date		
Coverage becomes effective on the requested date below assuming the I on or before the requested effective date. If the application is not receive Insurance Company receives the application.	d by the requested date, the effective date will be the date the	
Please enter the effective date here. The coverage period is one (1) year from the policy effective date. $\frac{1}{Month} \frac{1}{Day} \frac{1}{Vear}$		
3. Claims History		
Has the nonprofit organization applicant experienced any claims related	to volunteer bodily injury? 🗌 Yes 🗌 No	
Check here if no prior coverage		
If yes, please explain:		
4. Signed Statement		
The above information is correct to the best of my knowledge. I understand the effective and may audit my records to verify proper payment.	nat the insurance company must approve my application before coverage is	
By signing below, I acknowledge that I have read, understand and agree to th	e terms and conditions of this coverage as presented in the brochure.	
Fraud Warning		

In Kansas – It may be a crime, as determined by a court of law, to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In all other states – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Officer's name (print):	_ Signature:
Title (print):	_ Date:

Aon Association Services is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (AR 244489); in CA & MN; AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc. (0G94493); Aon Direct Insurance Administrators and Berkely Insurance Agency; and in NY, AIS Affinity.

ACE American Insurance Company is a member of the ACE Group of Companies, headed by ACE Limited (NYSE: ACE). Insurance products and services are provided by AAIC. AH-10047a-KS, AH-10047a