



VOLUNTEER LABOR COVERAGE ANNUAL REPORTING FORM

Please report the total number of members or volunteers to be covered by the Policy.

Entity Name: _____

Total Membership or Volunteers 2023-2024: _____

Please return to:

volunteerlabor@adventistrisk.org

ADDRESS:

Adventist Risk Management, Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904
1-888-951-4276

