

# **VOLUNTEER LABOUR COVERAGE ANNUAL REPORTING FORM**

Please report the total number of volunteers to be covered by the Policy.
Entity Name:
Total Membership/Volunteers 2018–19:

Please return to...

claims@adventistrisk.org

#### ADDRESS:

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



## Return this form to:

## Adventist Risk Management, Inc.

Placement Services 12501 Old Columbia Pike Silver Spring, MD 20904 Volunteerlabor@adventistrisk.org

### ACCIDENT INSURANCE FOR VOLUNTEER LABOUR COVERAGE ENROLMENT FORM

(VOLUNTEER ACTIVITY INCLUDING CONSTRUCTION)

YOUR DIVISION	UNION	CONFERENCE
ACADEMY, LOCAL CHURCH GROUP (Local churches, PLEASE be sure to list t		& Phone Number)
Contract Name:	Address:	
Telephone No:		
NAME (Each participant must be listed a	separately beginning with Group Lea	ader. Please attach additional sheets as needed).
1	6	11
2	7	12
3	8	13
4	9	14
5	10	15
Type of Construction		
Address of Project		
Date Project Begins:	Date Project Ends:	
Number of Participants:(\$1.56 USD per volunteer per day)	Number of Days:	Premium Amt.
	TOTAL PREMIUM	
*USA: All cheques are to be made payabl otherwise, coverage will not be effective.		and posted with this application to the above address ised by a billable entity
Authorised Signature	Title	 Date

Accident Insurance for US residents is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued (policy #9907-34-39). Exclusions and limitations apply. Chubb, Box 1615, Warren, N.J. 07061-1615.

Accident Insurance for NON-US residents is underwritten by Global Benefits Group/ GBG Insurance LTD, Level 5, Mill Court, La Charroterie, St. Peter Port, Guernsey GY1 1EJ. Policy 9907-3439l