



VOLUNTEER LABOUR COVERAGE ANNUAL REPORTING FORM

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

Entity Name: _____

Total Membership/Volunteers: _____

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 OR INDIVIDUAL (Name, Address & Phone Number)
(Local churches, PLEASE be sure to list the name of your conference above)

Contract Name: _____ Address: _____

Telephone No: _____

NAME (Each participant must be listed separately beginning with Group Leader. 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: _____ Number of Days: _____ Premium Amt. _____
(\$1.56 USD per volunteer per day)

TOTAL PREMIUM _____

***USA: All cheques are to be made payable to Adventist Risk Management, Inc. and posted with this application to the above address otherwise, coverage will not be effective. Invoicing is only available as authorised 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 9907-3439I