



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 2024-2025: _____

Please return to:

volunteerlabor@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 LABOR COVERAGE ENROLLMENT FORM
 (Volunteer Activity, including Construction)

Your Division: _____ Union: _____

Conference: _____

Academy, Local Church Group, or Individual (Name, Address and Phone Number)

(Local churches: PLEASE be sure to list the name of your conference above.)

Contact Name:	Telephone:
Address:	
Email:	

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 Amount: _____
 (\$1.45 USD per volunteer per day)

TOTAL PREMIUM: _____

***USA: All checks 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 authorized by a billable entity**

Authorized 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.