

# Insurance Technologies and Programs

A Division of Air Capital Insurance, LLC

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## Accident Coverage for Volunteers

### Type and Amount of Benefit

Accidental Death Maximum Benefit	Accidental	\$ 25,000
Dismemberment Maximum Benefit	Accidental	\$ 25,000
Medical Expense Maximum Benefit		<b>\$ 25,000</b>
Dental Limit Included in Accidental Medical Expense		\$ 0
Benefit Deductible Amount		

Name of Insured (Sponsoring Organization): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Dates of Coverage: From \_\_\_\_\_ To \_\_\_\_\_

Activities to be covered (be specific):

Type of Event	How Often Held	Number of Volunteers	Ages
_____	_____	_____	_____
_____	_____	_____	_____

Are supervisors included in the above number?  Yes  No

What experience do the volunteers and supervisors have in the activities to be covered?  
*If similar accident coverage for volunteers has been carried in the past, give details:*

Policy Year	2013	2014
Premium	\$ _____	\$ _____

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_