



Return this form to:

Adventist Risk Management, Inc.

Customer Care Center ARM-FS, London
12501 Old Columbia Pike 119 St. Peters Street, St. Albans
Silver Spring, MD 20904 Hertfordshire, AL1, 3EY, England
Fax (301)680-6937 Tel. 441-727-865773 Fax 441-727-864578
sttservice@adventistrisk.org sttservice@adventistriks.org

**VOLUNTEER LABOR COVERAGE APPLICATION
(CONSTRUCTION)**

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 _____

Location of Construction _____

Date Project Begins: _____ Date Project Ends: _____

Number of Participants: _____ Number of Days: _____ Premium Amt. _____
(\$1.56 per volunteer per day)

TOTAL PREMIUM _____

***All checks are to be made payable to Adventist Risk Management, Inc. and mailed 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**

Volunteer Labor Summary of Coverage

Group Policyholder:
General Conference of Seventh-day Adventist and its affiliates

Policy Number: SRG 9019830-A

Policy Term: June 1, 2010 – June 1, 2011

Administered by:



ADVENTIST RISK MANAGEMENT, INC.

Providing Solutions to Minimize Risks

Gencon Insurance Services

Policyholder: **General Conference of Seventh - day Adventist**
 12501 Old Columbia Pike
 Silver Spring, MD 20904
 SRG 9019830-A (Volunteer Labor)

Effective Date: June 1, 2010 to June 1, 2011

Eligibility: All persons performing voluntary labor and services for a named member institution of the Policyholder as shown in the Policy, provided such labor has been duly authorized by the Local Pastor, a Denominational Conference employed individual, the head Elder at the local church, recognized official or administrator of the insured institution.

Benefits:

<u>Class</u>	<u>Description of Class</u>
I	All North American Volunteers of the Policyholder ages 16 to 65.
II	All North American Volunteers of the Policyholder ages 66 to 70.
III	All North American Volunteers of the Policyholder under age 16 and over 70.
IV	All Volunteers of the Policyholder, excluding North American, ages 16 to 65.
V	All Volunteers of the Policyholder, excluding North American, ages 66 to 70.
VI	All Volunteers of the Policyholder, excluding North American, under age 16 and over 70.

Class	Accidental Death & Dismemberment Principal Sum	Accident Medical Principal Sum (Excess)	Deductible	Dental Expense
I	\$50,000	\$50,000	\$0	250 to a max of \$1,000
II	\$25,000	\$25,000	\$0	250 to a max of \$1,000
III	\$10,000	\$10,000	\$0	250 to a max of \$1,000
IV	\$50,000	\$50,000	\$0	250 to a max of \$1,000
V	\$25,000	\$25,000	\$0	250 to a max of \$1,000
VI	\$10,000	\$10,000	\$0	250 to a max of \$1,000

Class I, II and III Weekly Accident Indemnity Benefit:

Weekly Accident Indemnity: After 14 days of disablement the benefit per week is the lesser of (1) \$475; or (2) 66 2/3 of weekly earnings. It is payable for up to a maximum of 52 weeks. **Coordination with other Income Benefits applies.*

Class IV, V and VI Weekly Accident Indemnity Benefit:

Weekly Accident Indemnity: After 1 days of disablement the benefit per week is the lesser of (1) \$400; or (2) 66 2/3 of weekly earnings. It is payable for up to a maximum of 52 weeks. **Coordination with other Income Benefits applies.*

Aggregate Limit: \$500,000.

Coverage:

While participating in any scheduled, sponsored and supervised activity and traveling to and from such activity. All persons performing voluntary labor and services for a named member institution of the Policyholder as shown in the Policy, provided such person has been duly authorized by the Local Pastor, a Denominational conference employed individual, the Head Elder at the local Church, recognized official or administrator of the insured institution.

Rates:

	<u>Rate Per Person Per Year</u>
A. Conference Members	\$.25 per person, per year
B. Union Members	\$.25 per person, per year
C. Hospital Volunteers	\$.24 per person, per year \$22.34 minimum per Hospital
D. Institutional Volunteers	\$39.90 per year, 1 – 49 Volunteers \$81.40 per year, 50 or more Volunteers
E. College Volunteers	\$.25 per person, per year \$22.34 minimum per College per year
F. Volunteer Laborers	\$1.56 per person, per day

MEDICAL EVACUATION: Up to \$500,000

REPATRIATION: Up to \$500,000

EXCLUSIONS:

This Policy does not cover any loss caused by or resulting from

- Suicide or any attempt thereof by the Insured Person, while sane or self destruction or any attempt thereof by the Insured Person while insane; or
- Infections except pyogenic infections caused wholly by a covered injury; or
- War or any act of war, or accident occurring while the Insured Person is in the military, naval or air service of any country (any premium paid to the Company for any period not covered by this Policy while the Insured Person is in such service will be returned pro-rata); or
- Accident occurring while the Insured Person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft; or
- Dental treatment, except as a result of injury to sound natural teeth with the limitations show in the Master Application; or
- Replacement of eyeglasses or eye examinations for the correction or vision or fitting of glasses unless injury causes impairment of sight; or
- Injury for which the Insured Person is entitled to benefits under any Worker's Compensation Act or Law or any similar legislation; or
- Participating in team sports or other athletic activities;
- Hernia of any kind;
- The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Claims: Written notice of a claim must be given to the Company within 20 days after the occurrence or loss covered by the Policy, or when reasonably possible. The Company will then issue claims forms to the claimant. If claims forms are not furnished within 15 days after notice by the claimant the claimant shall be deemed as having complied with the requirements of the Policy as to proof of loss.

This summary does not replace the provisions stated in the Master Policy. Any discrepancy between the provisions stated in this summary and those of the Master Policy, the provisions in the Master Policy will govern.