



## **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](mailto:claims@adventistrisk.org)**

**ADDRESS:**

Adventist Risk Management, Inc.

12501 Old Columbia Pike

Silver Spring, MD 20904

1-888-951-4276

