

## 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 2023-2024:

Please return to:

volunteerlabor@adventistrisk.org

## ADDRESS:

Adventist Risk Management, Inc. 12501 Old Columbia Pike Silver Spring, MD 20904 1-888-951-4276

1 of 2



## **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 I (Local churches: PLEASE be sure to list th			er)	
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:	Project Begins:		Date Project Ends:	
Number of Participants: (\$1.45 USD per volunteer per day)	Number of Days:		Premium Amount:	
TOTAL	PREMIUM:			
	Adventist Risk Managemer t be effective. Invoicing is o		is application to the above address otherwise, d by a billable entity	
	<del></del>			
Accident Incurence for US residents is underwrite	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.