451 Diamond Drive | Ephrata, WA 98823 Phone: (800) 407-2027 Fax: (509)754-3406

Volunteers Only Group Accident Insurance Questionnaire (WA Only)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: ( ) _____ Web Page Link:_____
Requested Eff. Date: _____/_____/_____ Type of volunteer work: _____

Type of Organization:
☐ County ☐ Municipality ☐ School ☐ Nonprofit ☐ Other:_____

Previous insurance: Indicate premiums and losses on accident coverage for the past three years-
• Check here ☐; if no Accident Medical Coverage

Policy year:	20_____	20____	20_____
Premium:	$_____	$_____	$_____
Losses:	$_____	$_____	$_____

Name of prior carrier(s):_____
Submit for quote when there have been losses in the prior 3 years.

Please select only one plan.
Accident Medical Expense Coverage is Excess. Primary Coverage is available upon request.
Check box if you would like a Primary quote for the Plan selected below: ☐

Based on Accident Medical Expense with $0 deductible and 52 week benefit period.

		AD&D	Accident Medical	Annual Rate (Primary)	Annual Rate (Excess)
Plan Desired:	☐ Plan 1	$10,000	$30,000	☐ $2.75	☐ $1.75
	☐ Plan 2	$20,000	$50,000	☐ $3.61	☐ $2.30
	☐ Plan 3	$25,000	$100,000	☐ $3.96	☐ $2.52

Annual Rate **Total Premium**
Number of volunteers utilized per year: #_____ x $_____ = $_____*

Minimum non-refundable premium per program is $300 per year.
A listing of all volunteers is not required.
A surcharge may be added depending on the type of volunteering being covered.

Applicant's Signature_____ Date: _____/_____/_____

Agency:_____

Contact Name:_____ Agent # _____

Street Address: _____

City:_____ State:_____ Zip code:_____

Fax questionnaire to (509)754-3406 for review and issuance.
Coverage shall not be bound until the Company approves the completed and signed questionnaire. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.