



Nonprofit Insurance Trust - Property & Liability Pool

Application For Nonprofit Social Service Agencies

www.nitmn.org

Volunteer Injury – Optional Coverage Endorsement Application

SECTION I: ORGANIZATION INFORMATION

NAMED INSURED:

ADDRESS: CITY: STATE: ZIP:

PRIMARY CONTACT: TITLE: EMAIL:

SECTION II: DESCRIPTION OF VOLUNTEER OPERATIONS

Please provide a description of all operations of your organization in which volunteers are involved:

SECTION II: COVERAGE

1. I am requesting that the Volunteer Injury – Optional Coverage Endorsement is added to policy for the proposed named insured, and understand that additional premium will be charged for this endorsement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there an accident/injury policy currently in force covering the named insured's volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide the following information for the past three years:

Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Carrier:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium for Coverage:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid and pending losses:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of claims:	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION III: EXPOSURE

1. How many total persons volunteered for the named insured in the last calendar year?	<input type="text"/>
2. How many total persons are expected to volunteer for the named insured in the next calendar year?	<input type="text"/>
3. What is the average number of service hours provided by each volunteer?	<input type="text"/>
4. Are any of your volunteers involved in inherently dangerous activities? (If yes, please provide an explanation below)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Nonprofit Insurance Trust - Property & Liability Pool

Application For Nonprofit Social Service Agencies

www.nitmn.org

Volunteer Injury – Optional Coverage Endorsement Application

SECTION IV: SUMMARY OF COVERAGE:

- The Volunteer Injury – Optional Coverage is an optional endorsement to the Commercial General Liability policy.
- This endorsement provides “no-fault” coverage for volunteers who get injured while doing volunteer work for your organization.
- The coverage is provided in three parts: Medical Expenses, Wage Loss, and Funeral Expenses.
- Medical Expense coverage pays for reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, ambulance and all other transportation expenses incurred in traveling to receive other covered medical expense benefits; and hospital, extended care and nursing services for one year after a covered accident.
- Wage loss reimbursement pays for 2/3 of the volunteer worker’s loss of gross income resulting from the volunteer worker’s inability to work on a regular basis because of his or her injury.
- Funeral expense coverage pays for reasonable expenses for professional funeral and burial services, including expense for cremation.
- Coverage under this endorsement is limited to \$100,000 per volunteer and \$500,000 in the aggregate and is provided on an excess basis.

(This summary of coverage is for informational purposes only, and does not provide coverage or alter your policy in any way. Please review the policy form NITGL-VOL-18 for full coverage details)

SECTION V: SIGNATURE/WARRANTY

As the undersigned, I am authorized on behalf of the proposed named insured to make this application and to enter into a contract for insurance. I have reviewed this application for accuracy before signing it. As a condition precedent for coverage, I and the proposed named insured hereby state that all information stated in this application is true and accurate, and that no responsive facts have been omitted, misrepresented or misstated. I and the proposed named insured understand that it is a crime to defraud any insurance program by the misrepresentation or concealment of facts. I and the proposed named insured am unaware of any events, occurrences, incidents, situations, claims, or potential claims which may lead to claim or lawsuit against the applicant or any person or entity that may be covered under the insurance policy and coverages applied for. I and the proposed named insured understand that this an application for insurance only, and that completion and submission of this application does not bind coverage.

SIGNATURE

PRINTED NAME

TITLE/POSITION

DATE

COMPLETED APPLICATIONS MAY BE RETURNED TO NIT’S ADMINISTRATOR:

NPIA, Inc. dba: Nonprofits’ Insurance Agency
P: (952) 469-5963
F: (952) 469-4553
wayne@npiainc.com

21034 Heron Way, Ste 107
Lakeville, MN 55044
www.npiainc.com