



Accident
Medical Insurance
for Volunteers



Accident & Health





Derek, a volunteer docent at an art museum, trips and falls during an exhibit tour...

While sorting books at a local library, a heavy shelving unit collapses on Judy, a front desk volunteer...

En route to volunteer at a children’s hospital picnic, Carol, a face painter, gets into an accident...

At a community soup kitchen, Chris, a volunteer, spills a boiling pot while serving the homeless...

Volunteers generously donate their time to worthy organizations and institutions. While doing so, they face risks that may not be covered by Workers Compensation or General Liability Insurance. In the event that an accident happens while they are volunteering, do what you can to help safeguard them. With Accident Medical Expense for Volunteers from Chubb, your volunteers will feel more appreciated and know that their time is valued.

KEY BENEFITS

- Accident Medical Expense helps pay the cost of treating an accidental injury, including Dental, Physical Therapy and Orthopedic Expenses. Coverage is excess of all other plans, except in those states where a coordination of benefits is required.
- Accidental Loss of Life benefit applies if an accident results in any of the following losses within one year after the date of the accident:

Life Accidental Loss of:	Percent of Loss of Benefit Amount
Life	100%
Speech and Hearing	200%
Speech and One of: Hand, Foot or Sight of One Eye	200%
Hearing and One of: Hand, Foot or Sight of One Eye	200%
Both Hands, Both Feet or Sight of Both Eyes or a Combination of a Hand, a Foot, or Sight of One Eye	200%
One Hand or One Foot or Sight of One Eye	100%
Speech or Hearing	100%
Quadriplegia	100%
Paraplegia	75%
Thumb and Index Finger of the Same Hand	50%
Hemiplegia	50%
Uniplegia	25%

If an insured has multiple Losses as the result of one accident, the single largest Benefit Amount applicable to the Losses suffered will be paid.

- Temporary Total Disability weekly benefit for a maximum of 52 weeks if an accidental bodily injury causes an insured person to suffer a disability that continues for at least 7 days.
- Policy Aggregate Limit of Insurance up to \$1 million.
- Coverage includes travel directly to and from a volunteer assignment and any incidental travel while on the assignment.
- Eligibility applies to all registered volunteers of the policyholder while on volunteer assignment within the U.S.

CHUBB STRENGTH

When you choose Chubb, you're relying on one of the strongest carriers in the market: a specialty Accident & Health carrier with the experience and financial strength to offer rich options, broad coverages and high benefit limits at affordable costs.

EXCLUSIONS

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly:

- An insured being in, entering or exiting any aircraft that is owned, leased or operated by the policyholder or on behalf of the policyholder or operated by an employee of the policyholder on the policyholder's behalf. This exclusion does not apply to leased aircraft which are chartered for single trips.
- An insured being in, entering or exiting any aircraft while acting or training as a pilot or crew member. This does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.
- An insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This does not apply to an insured's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria.
- Suicide, attempted suicide or intentionally self-inflicted injury.
- An insured participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- A declared or undeclared war.
- An insured being intoxicated (as defined by the laws of the jurisdiction where the Accident occurs) or under the influence of any narcotic or other controlled substance, unless taken and used as prescribed by a physician.
- Any occurrence while an insured is incarcerated after conviction.

Insurance also does not apply to any Accident, Accidental Bodily Injury or loss when:

- 1) the U.S. has imposed any trade or economic sanctions prohibiting insurance of any Accident or Accidental Bodily Injury or;
- 2) there is any other legal prohibition against providing insurance of any Accident or Accidental Bodily Injury.

In addition, the Excess Accident Medical Expense benefit does not apply to charges and services for:

- 1) which the insured has no obligation to pay;
- 2) any injury for which Worker's Compensation benefits or occupational injury benefits are payable;
- 3) treatment by a person employed or retained by the Policyholder;
- 4) for any injury occurring while fighting, except in self-defense;
- 5) treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- 6) charges and services that are not medically necessary;
- 7) for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.

Accidents are the fourth leading cause of Death – [Centers of Disease Control and Prevention, <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>, 2013]

For more information, contact your insurance agent or broker or visit us online at www.chubb.com/accident.



Chubb Group of Insurance Companies

202 Hall's Mill Road

Whitehouse Station, New Jersey 08889

www.chubb.com

Coverage is not available to police, fire, construction, or other emergency or medical response team volunteers. This plan is not available to policyholders located in New Hampshire, New York, Ohio, South Dakota, or Washington. This plan is only available to volunteers of a religious organization in Hawaii, Michigan, Minnesota, Nebraska and Vermont.

Chubb refers to the member insurers of the Chubb Group of Insurance Companies. The coverage described in this literature is not available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions apply. Chubb, Box 1615, Warren, NJ 07061-1615.

Form 44-01-0240 (Ed. 5/15)



Accident Coverage for Volunteers – Enrollment Form

CUSTOMER INFORMATION

Name of Group:		
Name of Contact:	Email Address:	
Street Address:	City:	
State:	Zip Code:	Website Address:
Telephone Number:	Fax Number:	
Nature of Business/SIC code:	Requested Effective Date:	

PLAN DESIGN OPTIONS

Benefit	Plan 1	Plan 2
Accident Medical Expense	\$50,000.00	\$100,000.00
Benefit Period	52 weeks	52 weeks
Claim Incurral Period	90 days	90 days
Deductible	\$ 0.00	\$ 0.00
Accidental Death & Dismemberment	\$25,000.00	\$50,000.00
Paralysis	Yes	Yes
Temporary Total Disability (TTD)	\$100/week, 7 day elimination, 52 weeks	\$250/week, 7 day elimination, 52 weeks
Rate with TTD*	\$5.50 per person per year	\$8.50 per person per year
Rate without TTD Benefit*	\$4.00 per person per year	\$6.00 per person per year
Check Plan Desired	<input type="checkbox"/>	<input type="checkbox"/>
To increase Accident Medical Expense to \$250,000 add \$1.00 to the per person, per year rate under the plan 2 option chosen.	N/A	<input type="checkbox"/>

*Per Diem rates available upon request.

RATING CALCULATION (Minimum Premium is \$300)

Number of Volunteers: _____ x Total Rate per person _____ = Total Premium: _____

PRODUCER INFORMATION

Name:		
Street Address:		
City:	State:	Zip Code:
Contact Name:	Phone Number:	
Email Address:	Fax Number:	
Are you licensed with Chubb? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Signature of Official Authorized to Contract for Policyholder _____ Date Signed _____

Print Name of Official Authorized to Contract for Policyholder _____

Please email completed enrollment form to cahsales@chubb.com or send to your Chubb A&H Regional Sales Representative via fax, email or mail.



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