

CHUBB®

## Chubb Accident Insurance Plan for Volunteers



Non-profits, civic groups, charitable, and community organizations all need tailored insurance to help provide insurance protection for volunteers when an accident occurs.



Your organization is fortunate to have the support of non-employee volunteers to help you advance your goals and mission. They play an important role, and they accept the inherent risks that come with the day-to-day work they do for your organization. Even when precautions are taken, accidents can happen.

From serious accidents to slip and falls that cause injuries or broken bones, your program is faced with unexpected exposures on a regular basis. These risks may not be fully covered by Workers Compensation or General Liability insurance. In some cases, these risks may not be covered at all.

Chubb's Accident Insurance Plan has been carefully designed to address both coverage gaps and your organization's unique needs. This policy can help limit immediate or out-of-pocket medical expenses for volunteers that experience an accident, helping your organization potentially avoid lawsuits and maintain your reputation.

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.



### **Chubb's Accident Insurance Plan Offers:**

- Valuable Accident Benefits:
  - Medical coverage to help pay for expenses that result from an Accidental injury
  - Lump sum payments in the event of death or dismemberment
  - Paralysis and Temporary Total Disability benefits
- The confidence that comes with knowing that your volunteers are covered
- Two plan options — each with Excess, Primary, Excess with Temporary Total Disability, or Primary with Temporary Total Disability coverage — to meet your specific needs
- Simple administration — just answer a few basic questions and you're good to go!



### **Eligibility**

All registered volunteers of the Policyholder, while on a volunteer assignment within the United States.



### **Covered Activities**

Coverage applies while participating in volunteer duties supervised by the Policyholder, including travel directly to and from a volunteer assignment.

Volunteering offers a unique opportunity to give back to a cause, a community, or an organization — but it can also pose a unique set of risks. When the unexpected happens, a plan that can help mitigate costs and help ensure timely care can make all the difference. It can also provide reassurance to the volunteers that have offered their support, demonstrating your commitment to their well-being.

With the insurance protection of Chubb, you can be confident that your organization's risk management goals are being met.



# Product Highlights

## Accidental Death & Dismemberment Benefit

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss.

**“Loss”** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

**“Loss of Foot”** means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

**“Loss of Hand”** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers, or thumb are later reattached. If the reattachment fails

and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

**“Loss of Hearing”** means permanent, irrecoverable, and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

**“Loss of Life”** means death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

**“Loss of Sight”** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**“Loss of Sight of One Eye”** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**“Loss of Speech”** means the permanent, irrecoverable, and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

**“Loss of Thumb and Index Finger”** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a

Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger, or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

## Paralysis

**“Quadriplegia”** means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

**“Hemiplegia”** means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days, as determined by a Physician approved by Us.

**“Paraplegia”** means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

**“Uniplegia”** means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

## Schedule of Covered Losses

Accidental Loss of:	Benefit Amount
Life	100% of Principal Sum
Speech and Hearing	200% of Principal Sum
Speech and One of: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Hearing and One of: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Hand, Foot, or Sight of One Eye	100% of Principal Sum
Speech or Hearing	100% of Principal Sum
Thumb and Index Finger of the Same Hand	50% of Principal Sum
Quadriplegia	200% of Principal Sum
Hemiplegia	200% of Principal Sum
Paraplegia	200% of Principal Sum
Uniplegia	100% of Principal Sum

## Accident Medical Expense Benefit

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 180 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Coverage is available on a Primary or Excess Basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available. Excess coverage means that Accident Medical Expense Benefits are reduced by amounts already paid or payable by any Other Plan of insurance. If a participant has no Other Plan of insurance, then Accident Medical Expense benefits are paid on a primary basis.

**“Medical Services”** means Medically Necessary services, including but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage, and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; and (12) eyeglasses, contact lenses, and other vision or hearing aids.

## Temporary Total Disability (TTD) Benefit

The Weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date on which: (1) the Primary Insured Person dies; (2) the Primary Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; (3) the Primary Insured Person no longer has a Temporary Total Disability; or (4) the Maximum Benefit Period of 52 Weeks has ended.

Periods of Temporary Total Disability separated by less than fourteen (14) consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of (52) weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the Weekly Benefit Amount for Temporary Total Disability.

No Weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Primary Insured Person is not under the continuous care of a Physician.

## Coma Benefit

Pays monthly benefits up to the Benefit Amount for Coma if an Accidental Bodily Injury causes an Insured to:

- Lapse into a Coma within thirty (30) days after the Accident;
- Remain in a Coma for thirty (30) consecutive days; and
- Be confined to a Hospital or other licensed facility to receive Medically Necessary treatment for Coma, prescribed and supervised by a Physician, within the first thirty (30) days following the Accident.

Brief lapses from Coma will not be considered an interruption of the consecutive thirty (30) day period or cause a discontinuance in Our payment if the lapses and subsequent Coma recurrences are due to the same Accident.

The Coma monthly payment will be made until the earliest of the date:

- The Insured dies;
- The Insured is no longer in a Coma; or
- Total payments equal the Maximum Amount for Coma.

If an Insured dies within 365 days after the Accident, then We will pay a lump sum equal to the Insured's Principal Sum, less any Benefit Amount for Coma already paid.

**“Coma”** means a profound state of unconsciousness, as determined by a Physician according to the Glasgow Coma Scale, from which an Insured cannot be aroused to consciousness even by powerful stimulation.

# Coverage Definitions

**“Accident” or “Accidental”** means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease, or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

**“Accidental Bodily Injury”** means bodily injury which: (1) is Accidental; (2) is the direct cause of a loss; and (3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury.

**“Elimination Period”** means the seven consecutive days that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of an Insured Person’s loss. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period.

**“Medically Necessary”** means a medical or dental service, supply, or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient’s diagnosis;

(3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient’s condition.

**“Insured Person”** means a person, qualifying as a Class member under Section I of the Schedule of Benefits: (1) for whom insurance is elected; and (2) on whose behalf premium is paid.

**“Other Plan”** means any other insurance or payment source for Medical Services or disability, including, but not limited to, health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including automobile insurance “fault” or “no-fault,” employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

**“Physician”** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: (1) an Insured Person; (2) an Immediate Family Member.

**“Reasonable & Customary”** means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

**“Temporary Total Disability or Temporarily Totally Disabled”** means that Accidental Bodily Injury solely and directly: (1) prevents a Primary Insured Person from performing all the substantial and material duties of such Primary Insured Person’s regular occupation, or with respect to a Primary Insured Person who is unemployed, prevents such Primary Insured Person from engaging in the normal and customary activities of a person of like age and sex in good health; (2) causes a condition which is medically determined, by a Physician, to be continuous; and (3) requires the continuous care of a Physician.

## Coverage Exclusions and Limitations

### **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: 1) owned, leased, or operated by the Policyholder or on the Policyholder’s behalf; or 2) operated by an employee of the Policyholder on the Policyholder’s behalf.
- 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.
- A declared or undeclared war.
- Suicide, attempted suicide, or intentionally self-inflicted injury.
- 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.
- 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.

- 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 Accident Medical Expense benefit does not apply to charges and services for:**

- Which an Insured Person has no obligation to pay;
- Any injury where worker’s compensation benefits or occupational injury benefits are payable;

- Any injury occurring while fighting, except in self-defense;
- Treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
- Treatment by a person employed or retained by the Policyholder;
- Treatment involving conditions caused by Repetitive Motion Injuries or cumulative trauma and not as the result of an Accidental Bodily Injury;
- Personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital;
- Routine physical exams that are not the result of an Accidental Bodily Injury.

### **Limitations apply to the following:**

- If an Insured has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered.
- Policy Aggregate Limit of Insurance: \$1,000,000
- If more than one Insured suffers a Loss in the same Accident, then We will not pay more than the Aggregate Limit shown.

### Customer Information

Name of Group:		
Street Address:		
City:	State:	Zip Code:
Nature of Business/SIC Code:		

### Plan Design Options

Benefit	Plan 1 Excess Medical Benefit Amount	Plan 1 Primary Medical Benefit Amount	Plan 1 Excess Medical with TTD Benefit Amount	Plan 1 Primary Medical with TTD Benefit Amount	Plan 2 Excess Medical Benefit Amount	Plan 2 Primary Medical Benefit Amount	Plan 2 Excess Medical with TTD Benefit Amount	Plan 2 Primary Medical with TTD Benefit Amount
Accidental Death	\$25,000				\$50,000			
Accidental Dismemberment								
One Member	\$25,000				\$50,000			
Two Members	\$50,000				\$100,000			
Thumb & Index Finger	\$12,500				\$25,000			
Aggregate Limit	\$1,000,000							
Coma	1% of Principal Sum per Month							
Paralysis								
Quadriplegia	\$50,000				\$100,000			
Hemiplegia	\$50,000				\$100,000			
Paraplegia	\$50,000				\$100,000			
Uniplegia	\$25,000				\$50,000			
Temporary Total Disability (TTD)*								
Weekly Benefit Amount	N/A	N/A	\$250		N/A	N/A	\$250	
Benefit Period	N/A	N/A	52 weeks		N/A	N/A	52 weeks	
Elimination Period	N/A	N/A	7 days		N/A	N/A	7 days	
Accident Medical Expense Benefit Coverage	\$50,000				\$100,000			
Incurral Period	180 days							
Benefit Period	52 weeks							
Deductible	\$0							
Rate**	\$2.40	\$3.71	\$3.72	\$4.41	\$2.90	\$4.55	\$4.27	\$5.37

\* TTD is not available in California.

\*\*Rate applies on an annual basis. Rate includes 15% commission.

## Chubb. Insured.™

Rating Calculation (Minimum Premium is \$300)

Number of Participants:                      X Total Rate per Person:                      = Total Premium:

Requested Coverage Effective Date

Coverage becomes effective on the requested date only if We have received the completed enrollment form and approved the risk on or before the requested effective date. If the enrollment form is received after the requested effective date, coverage will not take effect until We review and approve the risk. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy and coverage applies for one year from the Effective Date of the Policy.

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Approval

We will review the completed form promptly and notify you if coverage will be provided, or if there are any problems, miscalculations, or omissions that would prevent us from issuing coverage.

Billing

Agency Bill    Direct Bill

Previous Insurance (Rates may vary from this brochure based on prior claim history.)

If an accident insurance program has been in force for your organization’s participants, please give full details for the past three (3) years:

Policy Year:			
Total Premium: \$	\$		\$
Total Paid Claims: \$	\$		\$
Number of Claims:			
Name(s) of Previous Carrier(s):			

Check here if no prior coverage (Upon review, more detail may be requested.)



**Producer Information**

Name:		
Street Address:		
City:	State:	Zip Code:
Contact Name:	Phone Number:	
Are you licensed with Chubb? Yes No		

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 form to [CAHAdmin@chubb.com](mailto:CAHAdmin@chubb.com) or send to your Chubb A&H Regional Sales Representative.

**Chubb. Insured.<sup>SM</sup>**

# CHUBB®

## Contact Us

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For more information, contact your insurance agent or broker  
or visit us online at [www.chubb.com/accident](http://www.chubb.com/accident).

## Chubb. Insured.<sup>SM</sup>

Coverage is available in all states except Minnesota, New York, or Washington. Excess Plan is not available in New Hampshire. In this state, coverage will be Primary. This program does not apply to police, fire, construction, or medical response team volunteers. Coverage may be available for these groups upon request. The policy form number is 44-02-2055 for all states except: Colorado, Florida, Idaho, Indiana, Kansas, Maryland, Missouri, New Hampshire, New Jersey, New Mexico, Ohio, Oregon, Rhode Island, South Carolina, Utah, and Vermont. The form number for these states is BTA5000.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). Insurance provided by Federal Insurance Company. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

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