

# Miscellaneous Accident

## Summary of Coverage

Group Policyholder:

General Conference of Seventh-day Adventist and its affiliates

Policy Number: SRG 0009139774-A

Policy Term: June 1, 2015 – June 1, 2016

Administered by:



Adventist Risk Management, Inc.

**Underwritten by:**

**National Union Fire Insurance Company of Pittsburgh an AIG Company**

## SCHEDULE OF BENEFITS AND PREMIUMS

### ELIGIBILITY & COVERAGE:

<u>CLASS:</u>	<u>CLASSIFICATION OF ELIGIBLE PERSONS:</u>
1	All Members of the Participating Organization for whom application has been made, Pathfinders Club.
2	All Members of the Participating Organization for whom application has been made, Day or Conference Camps.
3.	All Members of the Participating Organization for whom application has been made, Resident or Conference Camps (Accident & Sickness Coverage)
4.	All Members of the Participating Organization for whom application has been made, Resident or Conference Camps (Accident Only Coverage).
5.	All Members of the Participating Organization for whom application has been made, Vacation Bible School.
6.	All Members of the Participating Organization for whom application has been made, Misc. Trips & Short Term Activities (Field Trips, Picnics, etc).
7.	All Members of the Participating Organization for whom application has been made, Organized and Recreational Athletic Activities (excludes adult (age 18 and over) contact sports: soccer, football, lacrosse and wrestling).
8.	All Members of the Participating Organization for whom application has been made, Swim Club.
9.	All Members of the Participating Organization for whom application has been made, DayCare/Nursery School/Pre-School.
10.	All Members of the Participating Organization for whom application has been made, Snow Ski, Go-Carts, Skateboards, Para-sail, Roller Blades, Dirt Bikes, Rock Climbing/ Rock Propelling.
11a.	All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident Only).
11a1.	All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident & Sickness).
11a2.	All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident & Sickness).
11b.	All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident Only).
11b1.	All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident & Sickness).

11b2. All Members of the Participating Organization for whom application has been made, Taskforce – NAD (Accident & Sickness).

12. All Members of the Participating Organization for whom application has been made, Conference – Wide Option(100% of Church Membership of Conference must participate) is comprised of coverage available under the separate options of #1, 2, 4, 5 and 6. No sickness coverage is included.

COVERED ACTIVITIES – While participating as a Member of a Participating Organization in a scheduled event of the Participating Organization; or traveling directly to and from an event as a Member of a Participating Organization.

## BENEFITS

### **ACCIDENTAL DEATH & DISMEMBERMENT**

Class(es) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, & 11a1 - \$20,000

Class(es) 11b, 11b1, 11b2 - \$50,000

<b>Loss Of:</b>	<b>Percentage of Principal Sum</b>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
One Hand or One Foot	50%
The Sight of One Eye	50%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total an irrecoverable loss of the entire sight in that eye.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

### **Age Reduction Schedule**

<u>Age on Date of Accident</u>	<u>Percentage of Under-Age-70 Maximum Amount</u>
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

AGGREGATE LIMIT - \$250,000

## **ACCIDENTAL MEDICAL EXPENSE**

Class(es) 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 11a, 11a1, 11a2, 11b, 11b1 & 11b2,12 - \$50,000

Deductible: \$0 deductible

This is an Excess policy. However, the Company will pay the first \$100 of incurred expenses.

If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. Benefits are payable for charges incurred within 52 weeks after the date of the accident causing the Injury.

### **Definitions**

**Ambulatory Medical Center** - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Durable Medical Equipment** - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Experimental or Investigative** – as used in this Rider, means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

**Hospital** - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

**Medically Necessary** - as used in this Rider, means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

**Mental Illness** – as used in this Rider, means any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychological, or social and cultural factors. Also called emotional illness, mental/nervous disorder and psychiatric disorder.

**Pre-existing Condition** - as used in this Rider, means a condition for which an Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months

immediately preceding the effective date of the Insured's coverage under this Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

**Usual and Customary Charge(s)** - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and does not include charges that would not have been made if no insurance existed.

**Exclusions.** In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, including but not limited to crutches, wheel chairs and walkers except Durable Medical Equipment;
10. Pre-existing Conditions;
11. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit;

12. elective treatment or surgery;
13. Experimental or Investigative treatment or procedures;
14. treatment for temporomandibular dysfunction;
15. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
16. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
17. educational or vocational testing or training;
18. treatment of Osgood-Schlatter's disease;
19. detached retina unless due to an Injury;
20. plastic or cosmetic surgery;
21. charges that are payable under motor vehicle medical benefits;
22. hernia.
23. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

### **SICKNESS MEDICAL EXPENSE**

Class(es) 3 - \$1,000

Class(es) 11a1. 11b1 - \$10,000

Class(es) 12a2. 11b2 - \$25,000

**Sickness Medical Expense Benefit.** If an Insured suffers a Sickness and requires treatment by a Physician within 30 days of the onset of the Sickness, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Sickness Medical Services received due to that Sickness up to the Maximum Amount per Insured. This benefit is payable only for such charges incurred within 52 weeks from the date of the onset of the Sickness.

### **Definitions**

**Alcohol and Substance Abuse** – as used in this Rider, means the overindulgence in or dependence on a stimulant, depressant or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health or the welfare of others.

**Ambulatory Medical Center** – as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Durable Medical Equipment** - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are sick (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not sick, even if the items can be used in the treatment of a Sickness or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Experimental or Investigative** – as used in this Rider, means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device, or prescription medication is being used, including any treatment, procedure, facility equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

**Hospital** - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (RNs); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

**Medically Necessary** – as used in this Rider, means a Covered Sickness Medical Service that: (1) is essential for diagnosis, treatment or care of the Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

**Mental Illness** – as used in this Rider, means any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychological, or social and cultural factors. Also called emotional illness, mental/nervous disorder and psychiatric disorder.

**Pre-existing Condition** - as used in this Rider, means a condition for which an Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured's term of coverage under this Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

**Sickness** – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician after the Insured's effective date of coverage under the Policy.

**Usual and Customary Charge(s)** – as used in this Rider, means a charge that: (1) is made for a Covered Sickness Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) does not include charges that would not have been made if no insurance existed.

**EXCLUSIONS** – In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Sickness Medical Expense benefits are not payable for, and Usual and Customary charges for treatment of Sickness do not include, any expense resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment, unless for the purpose of modifying the item because a Sickness has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of a Sickness up to the Dental Maximum shown in the Benefit Schedule;
3. new eyeglasses or contact lenses, or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses unless for the purpose of modifying the item because a Sickness has caused further impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because a Sickness has caused further impairment of sight;
4. new hearing aids or hearing examinations unless a Sickness has caused impairment of hearing ; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because a Sickness has caused impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (if, in the Company's sole judgment, Sickness Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Sickness Medical Expense in lieu of such rental expense);
6. Injury of any kind;
7. any charge for medical care for which the Insured is not legally obligated to pay;
8. care, treatment or services provided by an Insured or by an Immediate Family Member;
9. routine physical examination and related medical services;
10. personal comfort or convenience items such as, but not limited to Hospital telephone charges, television rental or guest meals while confined in a Hospital;
11. Pre-existing Conditions;
12. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit;
13. elective treatment or surgery;
14. Experimental or Investigative treatment or procedures;
15. treatment for temporomandibular joint dysfunction;
16. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;



17. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
18. Educational or vocational testing or training;
19. treatment of Osgood-Schlatter's disease;
20. detached retina;
21. plastic or cosmetic surgery;
22. Alcohol and Substance Abuse;
23. normal pregnancy, child birth;
24. venereal disease or syphilis;
25. hernia.
26. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

**PARALYSIS**

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis.

<b>Type of Paralysis</b>	<b>Percentage of Maximum Amount</b>
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%

“Quadriplegia” means the complete and irreversible paralysis of both upper and lower limbs. “Triplegia” means the complete and irreversible paralysis of three limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Limb” means entire arm or leg.

**Emergency Evacuation:** \$500,000

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, but not exceeding the Maximum Amount per Insured for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

**Definitions**

**Covered Emergency Evacuation Expense(s)** - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for

similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**Emergency Evacuation** - as used in this Rider, means, if warranted by the severity of the Insured's Injury or Emergency Sickness: (1) the Insured's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured's Transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

**Emergency Sickness** - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured suffering the symptom and while the Insured is participating in a Covered Activity.

**Medically Necessary Emergency Evacuation Service** - as used in this Rider means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured.

**Transportation** - as used in this Rider means moving the Insured during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

**Repatriation of Remains:** \$500,000

If an Insured suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence], the Company will pay, subject to the limitations set out herein, for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Insured.

**Definitions**

**Emergency Sickness** - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured suffering the symptom and while the Insured is participating in a Covered Activity.

## **ASSISTANCE SERVICES**

Worldwide Travel Assistance

Emergency Travel Assistance

Personal Security Services

VIP Personal Assistance Services

Medical Assistance

**Toll Free:** 877-832-3523

**International Collect:** +1 715-295-9817

## **RATES:**

Class	Rate per Person	Per:
1	\$3.57	12 Months
1	\$2.76	9 Months
1	\$1.83	6 Months
2	\$0.27	Day
3	\$0.49	Day
4	\$0.31	Day
5	\$0.27	Day
6	\$0.41	Day
7	\$3.76	Month
8	\$3.57	12 Months
9	\$3.57	12 Months
10	\$1.90	Day
11a	\$0.49	Day
11a1	\$2.09	Day
11a2	\$2.81	Day
11b	\$0.80	Day
11b1	\$2.40	Day
11b2	\$3.11	Day
12	\$1.45	12 Months

**\$100.00 Minimum Premium required by all eligible groups except #5 and #6, which require a \$25.00 Minimum Premium**

## MISCELLANEOUS ACCIDENT PROGRAM APPLICATION for the US

**ORGANIZATIONAL COVERAGE SELECTED:**

CHECK ELIGIBLE CLASS <input checked="" type="checkbox"/> CLASS	NUMBER OF DAYS/MOS.	NUMBER OF ENROLLED MEMBERS	COST OF PROGRAM PER MEMBER	PREMIUM DUE
<input type="checkbox"/> 1 Pathfinder Clubs	_____	_____	\$3.57 / 12 months \$2.76 / 9 months \$1.83 / 6 months	_____ _____ _____
<input type="checkbox"/> 2 Day or Conference Camps	_____	_____	\$ .27 / day	_____
<input type="checkbox"/> 3 Resident or Conference Camps (Medical: Accident & Sickness) [ ] Seasonal [ ] Annual	_____	_____	\$ .49 / day	_____
<input type="checkbox"/> 4 Resident or Conference Camps (Medical: Accident Only) [ ] Seasonal [ ] Annual	_____	_____	\$ .31 / day	_____
<input type="checkbox"/> 5 Vacation Bible School	_____	_____	\$ .27 / day	_____
<input type="checkbox"/> 6 Misc. Trips and Short Term Activities	Available for purchase at <a href="http://travel.adventistrisk.org">http://travel.adventistrisk.org</a>			
<input type="checkbox"/> 7 Organized Athletic Activities (Excludes soccer, football, lacrosse, and wrestling for adults 18 and over)	_____	_____	\$3.76 / month	_____
<input type="checkbox"/> 8 Swim Club	_____	_____	\$3.57 / 12 months	_____
<input type="checkbox"/> 9 DayCare/ Nursery School/Pre-School	_____	_____	\$3.57 / 12 months	_____
<input type="checkbox"/> 10 Outdoor Sporting Activities: Snow Ski, Go-Carts, Skateboards, Para-sail, Roller Blades, Dirt Bikes, Rock Climbing/Rock Propelling	Available for purchase at <a href="http://travel.adventistrisk.org">http://travel.adventistrisk.org</a>			
<input type="checkbox"/> 11 NAD Taskforce	Available for purchase at <a href="http://travel.adventistrisk.org">http://travel.adventistrisk.org</a>			
<input type="checkbox"/> 12 Conference Wide (Requires 100% membership Enrollment as of effective date of coverage) when purchased also includes activities of Class 1,2,4,5,6	_____	_____	\$1.45/Member/Year	_____
<b>TOTAL PREMIUM DUE FOR ALL GROUPS</b>				= _____ **

**Classes 6, 10 and 11 are Now Available at the Travel Hub**  
 Miscellaneous Trips & Short Term Activities - Task Force Coverage  
<http://travel.adventistrisk.org>

**All Plan Types require a Minimum Premium of \$100 except for Vacation Bible School and Miscellaneous Trips and Short Term activities which requires a \$25 Minimum Premium. This coverage is available in the 50 states of the United States only.**

NAME OF ORGANIZATION \_\_\_\_\_ PHONE NO.(\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF COVERAGE - FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ Title \_\_\_\_\_

Please submit completed application and your full estimated or minimum premium payment to:

**ADVENTIST RISK MANAGEMENT, INC.**

**Placement Services  
 12501 Old Columbia Pike, Silver Spring, MD 20904  
 Main (888) 951-4276 Fax (301) 680-6937**