



HUB International New England, LLC



Maine Municipal Association  
Risk Management Services

**ACCIDENT INSURANCE FOR VOLUNTEERS RENEWAL  
JULY 1, 2023 – JUNE 30, 2024**

Name of Municipality / Entity: \_\_\_\_\_ Policy No: 02-SR-365287

Address: \_\_\_\_\_

City, State ZIP Code: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

*( Email address is desired – Policy forms will be distributed by email where possible )*

Municipality / Entity participates in: \_\_\_\_\_ MMA Workers Compensation Fund  
\_\_\_\_\_ MMA Property and Casualty Pool

After reviewing the "How to Enroll" sheet enclosed (page 3), please indicate the number of:

- ➔ # "NAMED" VOLUNTEERS..... \_\_\_\_\_
- ➔ # VOLUNTEER VACANCIES TO BE FILLED..... \_\_\_\_\_
- ➔ # VOLUNTEERS EXPECTED FOR FUTURE ACTIVITIES.. \_\_\_\_\_  
(new board/committee to be created, annual spring clean-up,etc.)

**TOTAL EXISTING AND POTENTIAL VOLUNTEERS** (total of the 3 lines above) \_\_\_\_\_

**TIMES ANNUAL PREMIUM PER VOLUNTEER** ..... X \$ 2.00

**TOTAL PAYMENT ENCLOSED** ..... \$ \_\_\_\_\_

**ACKNOWLEDGEMENT**

The Undersigned hereby declares, to the best of his/her knowledge, that this application identifies all municipal/entity volunteers, volunteer vacancies to be filled, and all future volunteer activities contemplated for the coverage year July 1, 2023 through June 30, 2024. The municipality/entity hereby acknowledges that participation in the Accident Insurance for Volunteers Program requires the municipality/entity to maintain an accurate list of all individuals who have volunteered for the municipality/entity and, in the event of a claim, the list may be audited by the carrier or the carrier's agent.

**Authorized Signature** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKS SHOULD BE MADE PAYABLE TO:  
HUB International New England, LLC**

**HOWEVER, APPLICATIONS AND PAYMENT SHOULD BE MAILED TO:**  
**HUB International New England, LLC**  
**Attention: Cassidy Lungo, 300 Ballardvale St**  
**WILMINGTON, MA 01887**



## **ACCIDENT INSURANCE FOR VOLUNTEERS**

THIS FLYER EXPLAINS THE GENERAL PURPOSE OF THE INSURANCE DESCRIBED, BUT IN NO WAY CHANGES OR AFFECTS ANY SUCH POLICY AS ACTUALLY ISSUED.

### **COVERAGE UNDERWRITTEN BY THE HARTFORD LIFE INSURANCE COMPANY**

#### **WHO IS ELIGIBLE FOR COVERAGE?**

Volunteers of a Member municipality/entity participating in the Maine Municipal Association's Workers Compensation Fund or Property and Casualty Pool programs are eligible. Participating Members must name ALL known volunteers, must identify ALL vacancies to be filled, and must list ALL projected or potential volunteer positions. Participation in the program requires the Member to agree to maintain an accurate list of volunteers and to acknowledge that the list is subject to audit by the carrier or the carrier's designee.

#### **WHO IS NOT ELIGIBLE FOR COVERAGE?**

Certain individuals are not eligible for coverage including, but not limited to, participants of organized sports, and persons while they are performing police, firefighting, search and/or rescue, emergency medical, work release or alternative sentencing duties.

#### **WHEN IS AN INSURED PERSON COVERED?**

An Insured Person is covered while he or she is participating in a volunteer activity sponsored by and under the direct supervision of the enrolled Member; traveling with the group in connection with such activities under the direct supervision of the enrolled Member; or traveling directly to and from their volunteer activity.

#### **DESCRIPTION OF BENEFITS**

**Accidental Medical Expense:** The first expense must be incurred within 26 weeks of the date of the accident. For any one accident, covered expenses will be paid up to \$50,000 if they are incurred within two years if caused by the accident.

**Accidental Death and Dismemberment:** Pays the following lump sum benefits for accidental loss of life, limbs, sight, speech, or hearing within 180 days of a covered accident. If more than one loss results from the same accident, only the largest applicable benefit will be paid: Life, \$10,000; Both hands or both feet or sight of both eyes or any combination, \$10,000; Loss of one hand and one foot; or hand or foot and sight of one eye, \$10,000; Either hand or foot, \$5,000; Sight of one eye, \$5,000; Thumb and index finger of either hand, \$2,500.

#### **EXCLUSIONS**

This policy does not cover loss resulting from:

- a) intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- b) injury sustained while:
  - i) in or on;
  - ii) boarding or alighting from;
  - iii) being struck down by;  
any aircraft in motion except as an airline passenger on an aircraft:
    - i) operated by a passenger airline
    - ii) on a regularly scheduled trip over its established route;
- c) war or act of war, whether declared or not;
- d) injury sustained while in the armed forces (land, water or air) of any country or international authority;
- e) repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
- f) repair, replacement, examinations for prescriptions or fitting of eyeglasses or contact lenses;
- g) repair or replacement of artificial limbs or orthopedic braces.

#### **COVERAGE PERIOD AND ANNUAL PREMIUMS**

The coverage runs from July 1, 2023 through June 30, 2024. Annual cost of \$2.00 per volunteer per year will not be prorated for late entry and adjustments will not be made for expirations of terms or appointments, or the conclusion of volunteer activities.

# ACCIDENT INSURANCE FOR VOLUNTEERS

## HOW TO ENROLL

1. Create your volunteer list on attached page [or use separate sheets, if necessary.]
2. On the appropriate line on the cover page of this application, annotate the number of:
  - ➔ Known ("named") volunteers
  - ➔ Volunteer vacancies to be filled
  - ➔ Volunteers expected for future activities  
(new board/committee to be created; annual spring clean up, etc.)
3. Calculate and annotate the total number of volunteers and the appropriate premium on the cover page of this application.
4. Complete the acknowledgement/signature section of the cover page.
5. **MAKE CHECKS PAYABLE TO HUB International New England, LLC.**
6. Forward the payment and the application w/number of volunteers to **HUB International New England, LLC.**

### ENROLLMENT TIPS

- Participating Members must include ALL of their volunteer positions (except as outlined below), therefore, it is best if applications are submitted by your entity's board, manager or administrator, rather than by individual committees or departments.
- Participating Members must include ALL of their volunteer positions EXCEPT:
  - ENROLLMENT OF SCHOOL VOLUNTEERS IS OPTIONAL FOR MUNICIPALITIES WITH SCHOOL DEPTS
  - ENROLLMENT IS OPTIONAL FOR VOLUNTEERS WHO CARRY EQUIVALENT COVERAGE ELSEWHERE, SUCH AS THROUGH LITTLE LEAGUE
  - MUNICIPALITIES PARTICIPATING IN THE VOLUNTEER FIREFIIGHTERS ACCIDENT PROGRAM DO NOT NEED TO ENROLL THEIR FIRE AND RESCUE VOLUNTEERS IN ACCIDENT INSURANCE FOR VOLUNTEERS COVERAGE UNLESS THE FIRE/RESCUE VOLUNTEER ALSO VOLUNTEERS FOR AN ACTIVITY OUTSIDE THE FIRE/RESCUE DEPARTMENT (i.e. SOCCER COACH, RECREATION COMMITTEE MEMBER)
- For volunteers serving in more than one capacity, list volunteer only once.

### WHAT HAPPENS IF THE ENROLLING ENTITY EXPERIENCES ADDITIONS OR CHANGES IN THEIR VOLUNTEER FORCE DURING THE COVERAGE YEAR?

- If a volunteer 'steps down' and is replaced by another volunteer – no action is necessary except to maintain an accurate local listing of all volunteers.
- If the permanent number of volunteers increases (i.e. the creation of a new board or volunteer activity that was not reflected on the original application), please forward to Maine Municipal Association a written list of the new volunteers, and new vacancies to be filled, along with payment (made payable to **HUB International New England, LLC**) in the amount of \$2.00 for each newly identified volunteer or vacancy to be filled.