

ANI #7 Accident Coverage Supplemental Application

Applicant Name: _____

1. How many months per year is Applicant in operation? _____
2. If Applicant has purchased Accident coverage before, please submit currently valued loss runs for the past three (3) years.

Please Note: This application is for Accident Coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <https://www.ani-rrg.org/Brokers-New-Submissions.cfm>.

ACCIDENT COVERAGE - A program of QBE Insurance Corporation

PLEASE NOTE:

- **Does Applicant operate an agency with a continuous 24 hour exposure? Examples include a residential group home or volunteers providing foster care services for animals. If yes, please stop – a 24 hour exposure is not eligible for coverage under this Accident program.**
- **Accident coverage is available for volunteers and/or participants. Please indicate below which type is to be included under the accident coverage.**

Please Answer All of the Following Questions:

Group Type

3. Check off the group type which matches Applicant's own. If Applicant's group is a mix, insert percentages, making sure the total adds up to 100%. If Applicant's group is not listed, describe Applicant's operation in the space provided below:

- | | | |
|--|---|---|
| <input type="checkbox"/> _____% Child Day Care | <input type="checkbox"/> _____% Business | <input type="checkbox"/> _____% Vocational Training |
| <input type="checkbox"/> _____% Theater | <input type="checkbox"/> _____% Fund Raising | <input type="checkbox"/> _____% Community/Housing |
| <input type="checkbox"/> _____% Music/Choral | <input type="checkbox"/> _____% Environmental | <input type="checkbox"/> _____% Senior Citizen Center |
| <input type="checkbox"/> _____% Youth | <input type="checkbox"/> _____% Cultural/Social | <input type="checkbox"/> _____% Elderly/Infirmary Care |
| <input type="checkbox"/> _____% Schools | <input type="checkbox"/> _____% Construction | <input type="checkbox"/> _____% Other (describe): _____ |

Volunteers (One who enters into or offers himself for a service of his own free will, and who the nonprofit organization would consider a volunteer)

Please complete this section if coverage for volunteers is desired.

4. a. Indicate the number of volunteers who give their time to Applicant's organization:

One Day Per Year	Regular Volunteer

b. If Applicant's organization has regular volunteers, indicate the average number of days per year volunteers give their time: _____

Participants (A registered person participating in supervised and sponsored activities that the nonprofit organization is making available or is responsible for)

Please complete this section if coverage for participants is desired.

5. a. Indicate the number of participants who attend activities with Applicant's organization:

One Day Per Year	Regular Participation

b. If participants regularly participate in activities of the Applicant's organization, please indicate the average number of days per year they participate: _____

Other Exposure

6. If any participant/volunteer participates in any of the activities listed below, please complete the chart. If none of these activities apply, indicate by checking this box: None apply

Activity	Number of Participants	Number of Volunteers	Approximate Number of Days Per Year
Non-Contact Sports			
Contact Sports			
Bus/Van Trips over 200 miles			
Trips by Air			
Foreign Trips *			
Heavy Manual Labor			
24-Hour Activity			
Trips/Outings over 2 days long			

* Please indicate the duration and destination of the foreign trip(s): _____

Definitions:

Non-Contact Sports - Sports or athletic activities (excluding contact sports) with a schedule and registered regular participants or team roster.

Contact Sports - Football, hockey, lacrosse, soccer, rugby and boxing.

Heavy Manual Labor - Construction work, regular work with power tools, industrial manufacturing, or commercial agriculture.

24-Hour Activity - Any activity lasting continuously for 24 hours or more.

BENEFIT PLAN DESIRED

Place "X" in box below indicating plan preferred.

"X"	Plan	Accident/Aggregate	Deductible Requested	Accidental Death & Dismemberment
<input type="checkbox"/>	A	\$10,000	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	B	\$25,000	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	C	\$50,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	D	\$75,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	E	\$100,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	F	\$250,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000

AD&D Aggregate Limit of Liability: \$750,000.