VOLUNTEER ACCIDENT INSURANCE

The Allen J. Flood Companies, Inc.

A Subsidiary of Philadelphia Insurance Companies

PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

A.M. Best A++ Rating
Ward's Top 50
100+ Niche Industries

800.734.9326 | **PHLY.com**

VOLUNTEER ACCIDENT INSURANCE

Volunteers are one of the most important assets you have. With Volunteer Accident Insurance you can help protect them financially in the event of an injury.

- $100,000 Accident Medical Expense benefits
- $50,000 Total Paralysis benefit
- $50,000 Accidental Dismemberment benefit
- $25,000 Accidental Death benefit

Accident Medical Expense Benefits

Payable services and supplies prescribed by a physician for injuries sustained in a covered accident include:

- Hospital bills, including room and board
- Emergency room and outpatient treatment
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Services of a licensed or graduate nurse
- Dental care for injury to sound and natural teeth
- Ambulance expenses from the covered accident site to the hospital

Accident Benefits for Your Volunteers

Benefits are payable for injuries that result - directly and independently of all other causes - from a covered accident, up to the maximum benefits stated, while coverage is in effect.

Accident Medical Expense Benefits

Accident Medical Expense Benefits include eligible medical expenses that are in excess of amounts paid by any other Health Care Plan, including individual, group medical, or health benefit plans the covered volunteer may have, up to $100,000 per accident per volunteer. In the event no other health plan or policy exists, benefits for these expenses will be payable like primary coverage. The first eligible expense must be incurred within 180 days of the covered accident. Eligible accident medical expenses must be incurred within one year of the covered accident.

Plans Include Accidental Death, Dismemberment, and Paralysis (Plegia) Benefits

If within one year from the date of a covered accident a covered person suffers any of the losses specified, we will pay a benefit for one of the conditions listed below. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of Life
- Total paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body
- Loss of any combination of two: hands, feet, eyesight, speech, and hearing
- Loss of one hand, one foot, sight in one eye, speech, or hearing
- Loss of thumb and index finger of same hand

General Definitions

Please note that certain words used in the Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Benefit Percentage - means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after they satisfy any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

Covered Accident - means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under this Policy;
2. Is not contributed to by: disease, sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the terms of this Policy.

Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any treatment, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience;
2. For a supply that is identical or substantially equivalent.

Covered Expenses - means the lesser of the usual and customary charge and the maximum benefit shown, for services or supplies listed, in the Schedule of Benefits and described in the Accident Medical Expense Benefits section of this Policy. Covered Expenses must be Incurred by a Covered Person for treatment for injuries sustained in a Covered Accident.

Coverage will become effective on the date requested, provided the application is received and accepted by Philadelphia Insurance Companies. Coverage paid for by the policyholder. 100% participation is required.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by Philadelphia Indemnity Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on your policy form. Any policy Philadelphia Indemnity Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued. Philadelphia Indemnity Insurance Company may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.

How to Bind Coverage Now

- Just complete the Volunteer Accident Insurance form at the end of this brochure
- E-mail or mail your completed Volunteer Accident Insurance Form

E-mail: info@ajfusa.com
Mail: The Allen J. Flood Companies
2 Madison Avenue
Larchmont, NY 10538

Questions? Call 800.734.9326

Volunteer Accident Insurance Program

Annual Premium

Number of Volunteers Annually	Rate
Up to 300 Volunteers	$2.91 per Volunteer
Over 300 Volunteers	Submit Form for Quote

Accident Medical Benefit Limitations and Excluded Expenses

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma, or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
   a. Cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
   b. Reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine: treatment, surgery, health treatment, or examinations, including any service, treatment, or supplies that are (a) deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Treatment in any Veterans' Administration, Federal, or state facility unless there is a legal obligation to pay.
5. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
6. Rest cures or custodial care.
7. Repair or replacement of: existing dentures, partial dentures, braces, or bridgework.
8. Personal services such as television and telephone, or transportation.
9. Expenses payable by any automobile insurance policy without regard to fault.
10. Services or treatment provided by an infirmary operated by the Policyholder.
11. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
12. Treatment or service provided by a private duty nurse.
13. Repair or replacement of existing artificial limbs, eyes, and larynx.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless we have received a written medical release from their Physician.

Additional Exclusions and Limitations

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide, or any attempt thereat while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Bungee jumping, parachuting, skydiving, parasailing, hang-gliding;
5. Declared or undeclared war or act of war;
6. Flight in, boarding, or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Travel or activity outside the United States, Canada, or Mexico;
12. Travel in any Aircraft owned, leased, or controlled by the Policyholder or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
13. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. Voluntary ingestion of any: narcotic, drug, poison, gas, or fumes; unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. Injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

16. Services or treatment rendered by a Physician, Nurse, or any other person who is:
    a. Employed or retained by the Policyholder;
    b. Providing homeopathic, aroma-therapeutic, or herbal therapeutic services;
    c. Living in the Covered Person's household;
    d. Who is a parent, sibling, spouse, or child of the Covered Person;
17. Any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.
18. A Covered Person's Covered Loss if:
    a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
    b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

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2 Madison Avenue | Larchmont, NY 10538 | E-mail: info@ajfusa.com

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Philadelphia Insurance Companies is the marketing name for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Coverage(s) described may not be available in all states and are subject to Underwriting.
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Print Application Clear Application

VOLUNTEER ACCIDENT INSURANCE

Program Highlights

Accident Medical Expense Benefit Maximum - $100,000 for U&C expenses
Deductible - $0
Benefit Period - 52 weeks
Plan Type - Full Excess

Accidental Death Benefit - $25,000
Accidental Dismemberment Benefit Maximum - $50,000
Accidental Paralysis Benefit Maximum - $50,000
AD&D and Paralysis Aggregate - $500,000 per Accident

Customer Information

Name of Customer _____ Contact _____

Phone Number _____ E-mail Address _____

Address _____

City, State, Zip _____

Agent Information

Agency _____ Agency Contact Name _____

Phone Number _____ E-mail Address _____

Address _____ PHLY Producer Number _____

City, State, Zip _____

Participant Information

Requested effective date _____ Total number of volunteers annually _____

Do you currently have accident coverage? ☐ Yes ☐ No Of the total, number that volunteer only one day per year _____

If yes, provide a copy of your current policy's schedule page along with the last 3 years of premium and loss history.

Total Annual Premium

Number of Volunteers Annually	Rate	Premium
Up to 300 Volunteers	$2.91 per Volunteer	
Over 300 Volunteers	Submit Form for Quote	

Minimum Premium is $300. Minimum Policy Premium is fully earned and non-refundable. This program is available for insureds with up to 300 volunteers annually. Please e-mail info@ajfusa.com for a quote if the insured has more than 300 volunteers annually.

Signature

I have read the Accident Insurance Program brochure. The information on this form is true and complete to the best of my knowledge. I understand that coverage will not go into effect until this form is received and accepted by underwriting.

Form completed by _____ Title _____

Signature _____

Date _____

To obtain coverage, please return form to:

The Allen J. Flood Companies, Inc.
2 Madison Avenue
Larchmont, NY 10538

E-mail: info@ajfusa.com
Phone: 800.734.9326

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