

**ACCIDENT INSURANCE PLAN  
QUESTIONNAIRE FORM**

*A program for  
Alliance of Nonprofits for Insurance, Risk Retention Group  
Carrier: AIG Life Insurance Company*

Applicant Name: \_\_\_\_\_

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

**GROUP TYPE**

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

<input type="checkbox"/> ____% Child Day Care	<input type="checkbox"/> ____% Youth Group	<input type="checkbox"/> ____% Community/Housing Group
<input type="checkbox"/> ____% Theater Group	<input type="checkbox"/> ____% Fund Raising Group	<input type="checkbox"/> ____% Vocational Training Group
<input type="checkbox"/> ____% Music or Choral Group	<input type="checkbox"/> ____% Senior Citizen Center	<input type="checkbox"/> ____% Cultural/Social Group
<input type="checkbox"/> ____% Business Group	<input type="checkbox"/> ____% Environmental Group	<input type="checkbox"/> ____% Elderly/Infirm Care
<input type="checkbox"/> ____% Other (describe)		

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

**BASIC EXPOSURE**

1. OPERATION:  
We are in operation \_\_\_\_ months per year.
2. ONE TIME PARTICIPATION: \_\_\_\_  
Number of participants, clients or students who attend activities with your organization only one day per year.
3. REGULAR PARTICIPATION: \_\_\_\_  
Number of participants, clients or students who attend on average \_\_\_\_ days per year.
4. PRIOR INSURANCE:  
If you have purchased this coverage before, please submit loss runs.

## VOLUNTEERS

5. ONE TIME VOLUNTEERS: \_\_\_\_\_  
Number of volunteers who give their time to your organization only one day per year.
6. REGULAR VOLUNTEERS: \_\_\_\_\_  
Number of volunteers who give their time on average \_\_\_\_\_ days per year.
7. PRIOR INSURANCE: \_\_\_\_\_  
If you have purchased this coverage before, please submit loss runs.

## OTHER EXPOSURE

8. If any volunteer/client/participant/student 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 CLIENTS/STUDENTS/PARTICIPANTS	NUMBER OF VOLUNTEERS	APPROX. DAYS PER YEAR
Non-Contact Sports (I)			
Contact Sports			
Bus/Van Trips over 200 miles (II)			
Trips by Air (III)			
Foreign Trips			
Heavy Manual Labor (IV)			
24-Hour Activity			
Trips/Outings over 2 days long			

### 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	CHECK DEDUCTIBLE REQUESTED	ACCIDENTAL DEATH & DISMEMBERMENT
<input type="checkbox"/>	A	\$5,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	B	\$10,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	C	\$25,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	D	\$50,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	E	\$75,000	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	F	\$100,000	<input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	G	\$250,000	<input type="checkbox"/> \$250	\$5,000

**SIGNED STATEMENT**

**I understand that coverage may be refused and that coverage cannot become effective until premium has been paid. The above is correct to the best of my knowledge. I understand that ANI-RRG must approve my application before coverage is effected and may audit my records to verify proper payment.**

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_