



Accident Insurance for Volunteer Groups

Essential Coverage to Help Those
Who Help Others

Comprehensive Strength, Innovative Solutions®

Domestic Accident & Health Division

AIG AIG Companies®

An Affordable, Effective Way to Manage Volunteer Accident Risk

Volunteer Accident Insurance from the Domestic Accident & Health Division of the AIG Companies® is specifically designed for organizations like yours that rely on volunteers. This forward-thinking coverage draws on our expertise as a longstanding leader in Specialty Risk Insurance to offer advantages you are unlikely to find anywhere else:

- If a covered accident occurs, volunteers receive a substantive benefit.
- Because claims are paid under an accident medical program, these claims will not affect your organization's General Liability, Workers' Compensation or other general insurance policies.
- The policy covers volunteers as they commute between home and their place of service, a benefit not typically found in General Liability or Workers' Compensation policies.

Eligible Groups

Many types of volunteer groups are eligible. Groups that are ineligible include but are not limited to: firefighters, law enforcement assistants, civil defense volunteers, first responders, ambulance attendants, sports participants, and construction and demolition workers.

Who's Covered and When

All volunteers registered with your organization are covered.

Coverage applies while volunteers are:

- participating in an assignment for your organization.
- traveling directly to and from the assignment location and home.
- traveling on an assignment for your organization in the United States, its territories or Canada. If your organization would like comprehensive accident and sickness medical coverage for overseas travel, the Domestic Accident & Health Division can provide it. Please contact your Sales Representative or call toll-free, 800.416.3797.

Five Key Benefits

You have a choice of three Programs, each of which offers these five valuable benefits.

1. Accidental Death — \$10,000 Maximum Benefit

If Injury results in the death of the Insured Person, directly and independently of all other causes, within 365 days of the date of the accident causing the injury, the policy will pay the Accidental Death Benefit under the Program you select.

2. Accidental Dismemberment — \$10,000 Maximum Benefit

If Injury to an Insured Person results in any one of the losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the policy will pay the percentage of the Maximum Amount specified opposite each loss.

Loss' of:

Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Sight in Both Eyes	100%
Sight in One Eye	50%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

3. Excess Accident Medical Expense — \$50,000 Maximum Benefit

The policy will pay the Usual and Customary Covered Expenses necessary to treat Injury occurring as a result of any one accident, directly and independently of all other causes.^{2,3} The first expense must be incurred within 26 weeks of the accident. Benefits will be paid for up to 52 weeks from the date of the accident, up to the maximum benefit payable under the Program you select. Hospital Room and Board is limited to the semiprivate rate.

This coverage is provided in excess of all other valid and collectible insurance or indemnity and shall apply only after other benefits have been paid. If there is no other insurance in place, then this policy becomes the primary insurance.

4. Catastrophic Cash Benefit — \$50,000 Lump Sum Maximum

The policy will pay the applicable percentage of the Catastrophic Cash Maximum Benefit, if, as a result of an Injury, directly and independently of all other causes, the Insured Person suffers a covered Coma or Paralysis.⁴ The covered Coma or Paralysis must occur no later than 30 days from the date of the accident causing the Injury and continue for six consecutive months. The covered Coma or Paralysis must be diagnosed by a Physician⁵ as a permanent condition from which recovery is not likely. The dollar benefit is specified opposite each loss:

Coma	\$50,000
Paralysis of:	
Two or more limbs (upper and/or lower) ⁶	\$50,000
One limb (upper or lower)	\$25,000
One or more other part of the body	Determined case by case ⁷

5. Weekly Accident Indemnity (WAI) Benefit

If, as a result of an Injury, directly and independently of all other causes, the Insured becomes Totally Disabled⁸ within 30 days of the accident that caused the Injury, the Company will pay a benefit after 30 days of Total Disability due to that Injury in any one Period of Disability. This benefit will be retroactive to the first

Description continued on back.

Show volunteers you care about their well-being
and help increase participation.

Complement your other insurance coverages.

FOOTNOTES

¹ "Loss" means, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight in an eye, total and irrevocable loss of sight; with reference to hearing in an ear, total and irrevocable loss of ability to hear in that ear; with reference to speech, total and irrevocable loss of ability to speak. In the event an Insured Person suffers more than one Loss as a result of the same accident, only one amount, the largest, shall be paid, subject to the Maximum Amount under the Program you select.

² Covered Accident Medical Service(s) means any of the following services: a) Hospital semiprivate room and board (or room and board in an intensive care unit), Hospital ancillary services (including but not limited to use of the operating room or emergency room) or use of an Ambulatory Medical Center; b) services of a Physician or a registered nurse (RN); c) ambulance service to or from a Hospital; d) laboratory tests; e) radiological procedures; f) anesthetics and the administration of anesthetics; g) blood, blood products and artificial blood products, and the transfusion thereof; h) physical therapy and occupational therapy; i) rental of Durable Medical Equipment; j) artificial limbs, artificial eyes or other prosthetic appliances; or k) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

³ Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense resulting from any of the following: a) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances, or rental of existing Durable Medical Equipment unless to modify the item because injury has caused further impairment in the underlying bodily condition; b) new eyeglasses or contact lenses or eye examinations related to the correction of vision or related to fitting of glasses or contact lenses unless Injury has caused impairment of sight, or repair or replacement of existing eyeglasses or contact lenses unless to modify the item because Injury has caused further impairment of sight; c) new hearing aids or hearing examinations unless Injury has caused impairment of hearing, or repair or replacement of existing hearing aids unless to modify the item because Injury has further caused impairment of hearing; d) 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 Insurance 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 Insurance Company may, but it 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); e) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals; f) 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.

⁴ "Coma" means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. "Paralysis" means the complete inability to move the limb as the result of neurological damage diagnosed and regularly treated by a Physician.

⁵ "Physician" means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured, 2) an Immediate Family Member or 3) retained by the Policyholder.

⁶ "Limb" means an entire arm or entire leg.

⁷ If the Insured's Paralysis involves a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of the Paralysis of the listed parts of the body. The final determination of comparable extent will be made using the most current edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association. (In the event the referenced guide is no longer published, the Insurance Company will select another appropriate measurement of impairment values.)

⁸ "Totally Disabled/Total Disability" means that the Insured is unable to perform the material and substantial duties of his or her Occupation for any employer.



Insurance for Volunteer Groups Enrollment Form

Please print. If question is not applicable, indicate N/A.

Producer Information

Name _____
Address (Include contact name.) _____
City _____ State _____ Zip _____
Phone: _____ Fax _____
E-mail _____

Policyholder Information

Name _____
Address _____
City _____ State _____ Zip _____
List address(es) of facility(facilities) to be covered:

Type of organization:
 State government Municipality
 Nonprofit Other (describe) _____

Type of facility:
 Office Park/recreation area
 Hospital Other (describe) _____
 Library

Choice of Insurance

The premium rates per person for each program and for each WAI disability benefit option are shown below.

Choose the program you want:	Choose a WAI Option if you wish:
Program 1 <input type="checkbox"/> \$4.00	WAI Option A <input type="checkbox"/> \$3.00
Program 2 <input type="checkbox"/> \$4.50	WAI Option B <input type="checkbox"/> \$5.00
Program 3 <input type="checkbox"/> \$5.50	

Premium Calculation

Number of volunteers (based on month with most volunteers) _____
Premium per person per year (include WAJ if applicable) \$ _____
Total premium enclosed \$ _____

The minimum total premium is \$500. 100% participation is required.

Requested Policy Effective Date

Coverage becomes effective on the requested date assuming the Insurance Company has accepted the risk and received both the attached enrollment form and payment at least ten (10) days prior to the requested date. If the enrollment form and payment are not received by the requested date, the Effective Date will be the date the Insurance Company receives the enrollment form. Please enter the effective date in the spaces below. The coverage period is one (1) year from the policy effective date.

_____/_____/_____
Month Day Year

Previous Insurance

If an Accident Insurance program has been in force, please give full details for the past three (3) years:

Policy year			
Total premium	\$	\$	\$
Total paid claims	\$	\$	\$
Number of claims			
Name(s) of previous carrier(s)	_____ _____ _____		

Check here if no prior coverage.

Signed Statement

The above is correct to the best of my knowledge. I understand that the Insurance Company must approve my enrollment form before coverage is effective and may audit my records to verify proper payment.

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print) _____

Signature _____

Title (print) _____

Date _____

After completing both sides of this enrollment form, return it to:

Name

Address line 1

Address line 2

day of Total Disability in that Period of Disability. The benefit is payable weekly so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability, up to a maximum of 13 weeks for all Periods of Disability resulting from all Injuries caused by the same accident. Only one benefit will be paid for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this program if the Insured had no earnings from an occupation, job or work being performed at the time of the accident causing the Injury.

Program Choices

At the time of enrollment, you may choose only one of the Programs and, if you wish, one of the Weekly Accident Indemnity options listed below for your entire volunteer group:

Maximum Benefit Amounts

	Program 1	Program 2	Program 3
Excess Accident Medical Expense	\$25,000	\$25,000	\$50,000
Deductible	\$0	\$0	\$0
Accidental Death	\$2,500	\$5,000	\$10,000
Accidental Dismemberment	\$2,500	\$5,000	\$10,000
Catastrophic Cash	\$50,000	\$50,000	\$50,000

Weekly Accident Indemnity (WAI) Disability Benefit Options

WAI Option A: \$200 per week (30-day elimination period; 13-week benefit period)

WAI Option B: \$300 per week (30-day elimination period; 13-week benefit period)

Premium Rates Per Person Per Year

	Program 1	Program 2	Program 3
Program rates	\$4.00	\$4.50	\$5.50
WAI Option A rates	+\$3.00	+\$3.00	+\$3.00
WAI Option B rates	+\$5.00	+\$5.00	+\$5.00

The minimum nonrefundable premium for all programs is \$500 per year. A listing of volunteers is not required.

Enrollment Approval

Upon the receipt of the completed enrollment form and payment, we will review it and, provided all is in order, issue a policy and send it to you. We will notify you of any problems, miscalculation or remissions that would prevent us from accepting the enrollment form.

Limits of Liability

If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following benefits: Accidental Death benefit and/or Accidental Dismemberment benefit, the maximum amount payable under all of the benefits combined will not exceed the amount payable for the largest of these benefits.

Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable

consequence of any of the following excluded risks, even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism;
2. Sickness, disease, mental incapacity, or bodily infirmity whether the loss results directly or indirectly from any of these;
3. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Covered Person's employer;
4. Declared or undeclared war, or any act of declared or undeclared war;
5. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, or an accidental cut or wound independent of and in the absence of any underlying sickness, disease or condition, including but not limited to diabetes;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. The Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
8. The Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
9. Participation in any team sport or any other athletic activity, except participation in a Covered Activity;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm;
12. The Insured committing or attempting to commit a crime;
13. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law;
14. The Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground; and
15. Any loss incurred while outside the United States, its territories or Canada.

Comprehensive Strength, Innovative Solutions®

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This document provides only brief descriptions of the coverages available. The Policies contain reductions, limitations, exclusions and termination provisions. Not all coverages are available in every state. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY; AIG Life Insurance Company (AIG Life), with its principal place of business in Houston, TX; and American International Life Assurance Company of New York (AI Life), with its principal place of business in New York, NY. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy (NUFIC series C11695 DBG; AIG Life series C11695; AI Life series C11725NY) shall govern. NUFIC does not solicit business in New York.

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