



Miscellaneous Accident Program Application

Policyholder: General Conference of the Seventh-day Adventists® & Affiliates

Policy Number: SRG 0009139774-B

Underwriter: National Union Fire Insurance Company of Pittsburgh an AIG Company

Please submit your completed application and full estimated or minimum premium payment to:

Adventist Risk Management, Inc.

Placement Services

12501 Old Columbia Pike, Silver Spring, MD 20904

Telephone: 888-951-4276 | Fax (toll-free): 866-381-0215 | Email: sttservice@adventistrisk.org

NAME OF ORGANIZATION				
STREET ADDRESS				
CITY		STATE		ZIP
TELEPHONE	EMAIL		COVERAGE DATES FROM: TO:	

SELECT ORGANIZATIONAL COVERAGE (Purchase these products online at adventistrisk.org/insurance):

SELECT ELIGIBLE CLASS	NUMBER OF DAYS/ MONTHS	NUMBER OF ENROLLED MEMBERS	COST OF PROGRAM PER MEMBER	PREMIUM DUE
Group Coverage				
	<input type="checkbox"/> Annual Conference-wide Membership Activities (This selection requires 100% Conference Membership. When the Annual Conference-wide Membership Activities is purchased, the following coverages are included: Pathfinder Club, Day or Conference Camp, Resident or Conference Camp—Accident Medical, Vacation Bible School, and Activities Accident.)		\$1.45/member/year	
	<input type="checkbox"/> Pathfinder Clubs		\$3.57/12 months	
			\$2.76/9 months	
			\$1.83/6 months	
	<input type="checkbox"/> Day Care/Nursery School/Pre-School		\$3.57/12 months	
	<input type="checkbox"/> Day or Conference Camp Activities		\$0.27/day	
	<input type="checkbox"/> Resident or Conference Camps (Accident Medical Only): <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual		\$0.31/day	
	<input type="checkbox"/> Resident or Conference Camps (Accident & Sickness Medical Only): <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual		\$0.49/day	
	<input type="checkbox"/> Swim Club		\$3.57/12 months	
<input type="checkbox"/> Vacation Bible School		\$0.27/day		



SELECT ELIGIBLE CLASS	NUMBER OF DAYS/ MONTHS	NUMBER OF ENROLLED MEMBERS	COST OF PROGRAM PER MEMBER	PREMIUM DUE
Activities Accident				
	<input type="checkbox"/> Activities Accident (Misc. Trips and Short Term Activities)		\$0.41/day	
Recreational Sports Activities				
	<input type="checkbox"/> Recreational Sports Activities (outdoor sporting activities: snow ski, go-carts, skateboards, para-sail, roller blades, dirt bikes, rock climbing/rock propelling)		\$1.90/day	
Sports League Activities				
	<input type="checkbox"/> Sports League Activities (organized athletic activities—excluding soccer, football, lacrosse, and wrestling for adults 18 and over)		\$3.76/month	
Task Force				
	<input type="checkbox"/> A1 – AD&D \$20,000; Accident Medical \$50,000; Sickness \$10,000		\$2.09/day	
	<input type="checkbox"/> A2 – AD&D \$20,000; Accident Medical \$50,000; Sickness \$25,000		\$2.81/day	
	<input type="checkbox"/> B1 – AD&D \$50,000; Accident Medical \$50,000; Sickness \$10,000		\$2.40/day	
	<input type="checkbox"/> B2 – AD&D \$50,000; Accident Medical \$50,000; Sickness \$25,000		\$3.11/day	
TOTAL PREMIUM DUE FOR ALL GROUPS				

AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE: _____

ALL PLAN TYPES REQUIRE A MINIMUM PREMIUM OF \$100 EXCEPT FOR VACATION BIBLE SCHOOL AND MISCELLANEOUS TRIPS AND SHORT TERM ACTIVITIES WHICH REQUIRES A \$25 MINIMUM PREMIUM.

THIS COVERAGE IS AVAILABLE FOR PEOPLE LIVING IN THE 50 STATES OF THE UNITED STATES AND TRAVELING IN THE UNITED STATES.