



# 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](mailto: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](http://adventistrisk.org/insurance)):

	SELECT ELIGIBLE CLASS	NUMBER OF DAYS/ MONTHS	NUMBER OF ENROLLED MEMBERS	COST OF PROGRAM PER MEMBER	PREMIUM DUE	
	<b>Group Coverage</b>					
	<input type="checkbox"/>	<b>Annual Conference-wide Membership Activities</b> (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"/>	<b>Pathfinder Clubs</b>			\$3.57/12 months	
					\$2.76/9 months	
					\$1.83/6 months	
	<input type="checkbox"/>	<b>Day Care/Nursery School/Pre-School</b>			\$3.57/12 months	
	<input type="checkbox"/>	<b>Day or Conference Camp Activities</b>			\$0.27/day	
	<input type="checkbox"/>	<b>Resident or Conference Camps</b> (Accident Medical Only): <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual			\$0.31/day	
	<input type="checkbox"/>	<b>Resident or Conference Camps</b> (Accident & Sickness Medical Only): <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual			\$0.49/day	
<input type="checkbox"/>	<b>Swim Club</b>			\$3.57/12 months		
<input type="checkbox"/>	<b>Vacation Bible School</b>			\$0.27/day		



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

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.**