



PARTICIPANT ACCIDENT
INSURANCE PLAN FOR VOLUNTEERS





DID YOU KNOW

Volunteers are **not** employees and are not required to be covered by workers' compensation insurance during the course of volunteering for a nonprofit so long as they are unpaid?

Volunteers selflessly donate their time to a wide variety of organizations each and every day. During the course of their work, they frequently encounter risks that may not be covered by policies like workers' compensation or general liability. Organizations have a duty to care for the well-being of their volunteers, as well as a responsibility to protect themselves against the undue liability risk of sponsoring underinsured activities. Participant Accident insurance from The Hartford's Accident & Health group can help protect organizations and their volunteers from harm by providing benefits that pay medical expenses associated with injuries incurred during the course of sponsored events or activities. With Participant Accident insurance from The Hartford, your volunteers will be cared for and your organization will be safeguarded from catastrophic risk.



Participant Accident insurance policies are highly customizable and can be designed to meet the unique needs of any client.

KEY BENEFITS

Accident Medical Expense: Pays up to the maximum benefit amounts shown in the schedule of benefits for covered medical expenses that result directly from a covered accident.

- If an insured person suffers an Injury that, within 180 days of the date of the Covered Accident that caused the Injury, requires him or her to be treated by a Physician, We will pay the usual and customary charges incurred for Covered Medical Services that are medically necessary and received due to that Injury, up to the maximum amount per insured person for all Injuries caused by the same Covered Accident. Benefits are subject to the terms of the scope of coverage section. Benefits are then payable for charges incurred within the maximum benefit period.
- Full Excess Benefits: This plan is secondary coverage to all other policies. We will pay usual and customary charges only when the usual and customary charges are in excess of amounts paid or payable under any other benefit plan. We pay benefits without regard to any coordination of benefits provisions in any other benefit plan. The amount from other benefit plans includes any amount to which the insured person is entitled, whether or not a claim is made for the benefits.

Accidental Death & Dismemberment: Pays the percentage of principal sum shown in the schedule of benefits if an insured person suffers an Injury or death resulting in a covered loss within 365 days of the date of the accident causing the Injury.

- If the Insured Person’s Injury results in any of the losses listed in the table below within 365 days after the date of the Covered Accident, we will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment principal sum shown for each insured person for all losses due to the same Covered Accident subject to the age reduction schedule. The Accidental Death or Accidental Dismemberment principal sum amount is shown in the schedule:

AGE REDUCTION SCHEDULE	
AGE ON DATE OF ACCIDENT	PERCENTAGE OF PRINCIPAL SUM
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

FOR LOSS OF	BENEFIT
Life	100% of the Accidental Death Principal Sum
Both hands or both feet or sight of both eyes	100% of the Accidental Dismemberment Principal Sum
One hand and one foot	100% of the Accidental Dismemberment Principal Sum
One hand and sight of one eye	100% of the Accidental Dismemberment Principal Sum
One foot and sight of one eye	100% of the Accidental Dismemberment Principal Sum
Speech and hearing in both ears	100% of the Accidental Dismemberment Principal Sum
Speech and hearing in one ear	75% of the Accidental Dismemberment Principal Sum
One arm or leg	75% of the Accidental Dismemberment Principal Sum
One hand or one foot	50% of the Accidental Dismemberment Principal Sum
Sight of one eye	50% of the Accidental Dismemberment Principal Sum
Speech or hearing in both ears	50% of the Accidental Dismemberment Principal Sum
Thumb and index finger on the same hand	25% of the Accidental Dismemberment Principal Sum
Hearing in one ear	25% of the Accidental Dismemberment Principal Sum
One thumb	10% of the Accidental Dismemberment Principal Sum

Paralysis: Pays the percentage of principal sum shown in the schedule of benefits if an insured person is paralyzed as a result of a covered accident.

- We'll pay the percentage of the Maximum Benefit Amount shown if Injury to the Insured Person results in any one of the types of loss(es) specified within 365 days of the date of the Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.
- If an Insured Person dies within 365 days of the Covered Accident, then we'll pay a lump sum equal to the Insured Person's Maximum Benefit Amount, less any Benefit Amount for Paralysis already paid.

LOSS	BENEFIT
Quadriplegia	100% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

Coma: Pays the benefit shown in the schedule of benefits when an insured person becomes comatose within 31 days of a covered accident.

- If an Injury renders the Insured Person Comatose within 180 days of the date of the Covered Accident, and if the Coma continues for a period of 30 consecutive days, we will pay a benefit equal to the Maximum Benefit Amount shown. No benefit is provided for the first 30 days of the Coma.

Weekly Accident Indemnity (optional additional benefit): Pays the weekly benefit shown in the schedule of benefits if the insured person is rendered totally disabled as a result of an Injury.

- If, as a result of an Injury, the Insured Person is rendered Totally Disabled within 30 days of the Accident that caused the Injury, We will pay the Weekly Accident Indemnity Benefit as shown in the plan design below, after 7 day(s) of Total Disability due to that Injury in any one Period of Disability. No benefit is provided for the first 7 day(s) of Total Disability in that Period of Disability.

WHAT'S COVERED AND WHEN

- Participation in an authorized or sponsored volunteer activity – as well as direct travel to and from a volunteer activity and home.
- All eligible, registered volunteers will be covered under a blanket policy issued in the name of the sponsoring organization during the course of the policy term.

Policy Effective Date: This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Policy Termination Date. We may terminate this Policy by giving 31 days advance notice in writing to the

Policyholder. Either We or the Policyholder may terminate this Policy on any premium due date by giving 31 days advance notice in writing to the other party.

This Policy may, at any time, be terminated by mutual written consent of the Policyholder and Us.

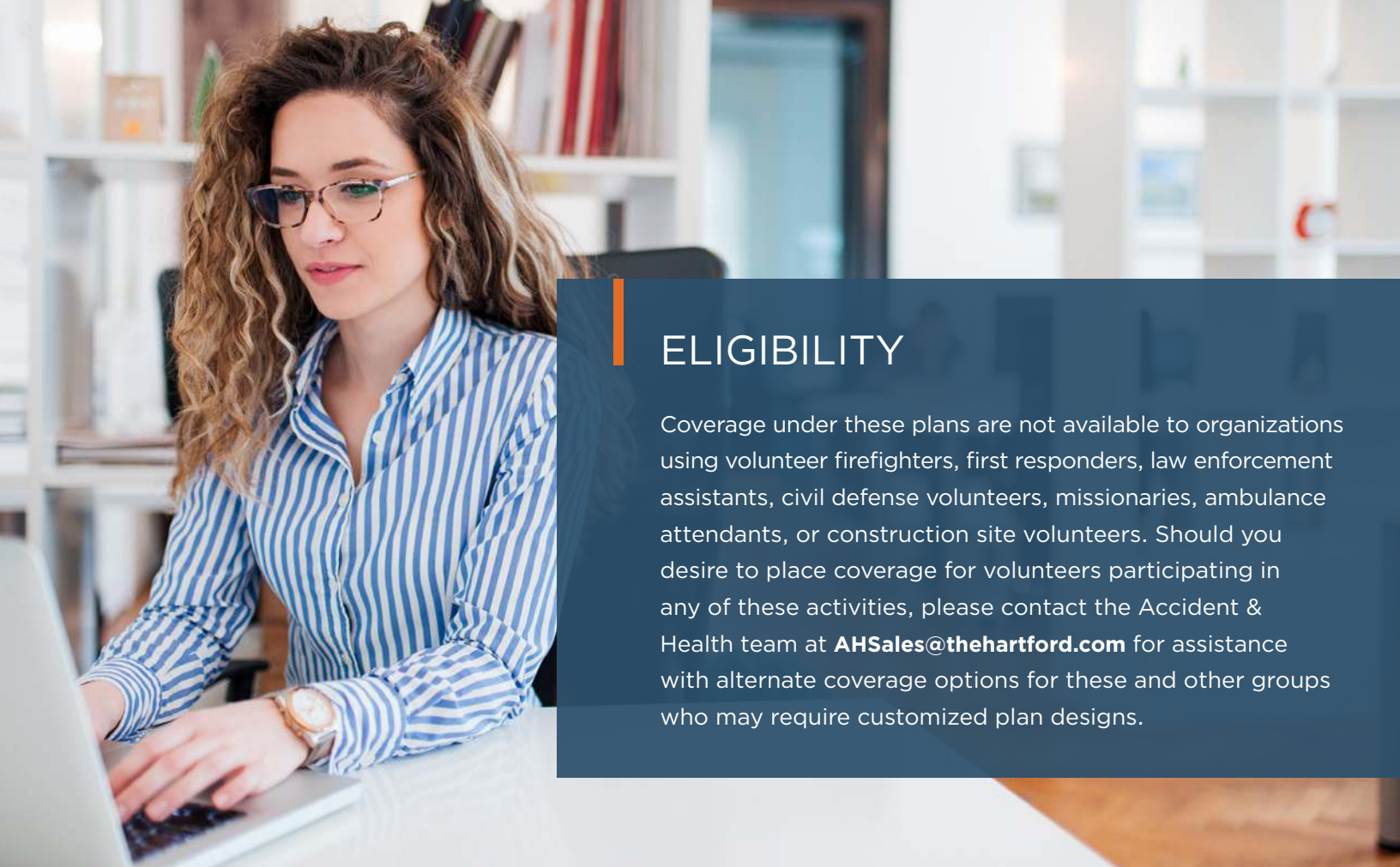
This Policy terminates automatically on the earlier of:

- 1) The Policy Termination Date shown in the Schedule; or
- 2) The end of the Grace Period if premiums are not paid when due.

Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Take a look at the case studies below to learn how Participant Accident insurance can help organizations decrease their liability exposure by providing coverage to volunteers during sponsored activities:

Case Study A*	<ul style="list-style-type: none"> • While volunteering at a local soup kitchen as part of an event sponsored by his school board, a man was burned when another volunteer slipped while carrying a pot of boiling water. • The volunteer was transported by ambulance to the emergency room and treated for burns on his right arm and leg. • Accident Medical Expense Cost: \$12,000
Case Study B*	<ul style="list-style-type: none"> • A teenager volunteering in a youth service initiative with her religious organization slipped and fractured her left leg while removing debris from a local beach. • The teenager was brought by her chaperone to the nearest emergency room, taken for X-rays, treated, and released later that afternoon. • Accident Medical Expense Cost: \$8,500
Case Study C*	<ul style="list-style-type: none"> • A woman volunteering at a local recreational center was injured when she fell off a ladder and hit her head. • The woman was transported to the nearest emergency room, given precautionary X-rays, and placed under observation for concussion symptoms prior to being released. • Accident Medical Expense Cost: \$5,000



ELIGIBILITY

Coverage under these plans are not available to organizations using volunteer firefighters, first responders, law enforcement assistants, civil defense volunteers, missionaries, ambulance attendants, or construction site volunteers. Should you desire to place coverage for volunteers participating in any of these activities, please contact the Accident & Health team at AHSales@thehartford.com for assistance with alternate coverage options for these and other groups who may require customized plan designs.

PLAN DESIGN

BENEFIT	STANDARD PLAN	PREMIUM PLAN
Accident Medical Expense	\$50,000	\$100,000
Benefit Period	52 weeks	52 weeks
Incurral Period	180 days	180 days
Deductible	\$0	\$0
Accidental Death & Dismemberment	\$25,000	\$50,000
Paralysis & Coma	\$50,000	\$100,000
Paralysis & Coma incurral waiting period	30 days/6 months	30 days/6 months
Weekly Accident Indemnity (WAI)	\$200, 14 days; 26 weeks	\$250, 14 days; 26 weeks
Excess	\$3.50 per person per year	\$5.15 per person per year
Excess, no Weekly Accident Indemnity	\$2.45 per person per year	\$3.85 per person per year

POLICY EXCLUSIONS

THE POLICY DOES NOT COVER LOSS RESULTING FROM OR FOR:

1. Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
 2. War or act of war, whether declared or undeclared;
 3. Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we'll refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
 4. Injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
 5. Injury sustained while on any aircraft:
 - a. as a pilot, crewmember or student pilot;
 - b. as a flight instructor or examiner;
 - c. If it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
 - d. Being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 6. Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
 7. Injury sustained while under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
 8. Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
 9. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
 10. Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred);
 11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
 12. Sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
 13. Mental and Nervous Disorders;
 14. Services for which no charge is normally made; or
 15. Injury sustained while playing or practicing in:
 - a. all intercollegiate sports;
 - b. any inter-school club sports;
 - c. any intramural sports; or
 - d. any form of tackle football.
- Any sports activity that is a Covered Activity is not included in this exclusion; or
16. Any loss incurred while outside the United States, its Territories or Canada.



ACCIDENT MEDICAL EXPENSE BENEFIT EXCLUSIONS

Unless otherwise specified, in addition to the exclusions in the Policy, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to, by:

1. Pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
2. Complications of Pregnancy or miscarriage, except as a result of a Covered Accident;
3. Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an Injury;
4. Orthopedic appliances used mainly to protect an Injury, so the Insured Person can participate in a Covered Activity;
5. Expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.);
6. Treatment or service provided by a private duty nurse;
7. Routine physical exams and medical services or wellness visits;
8. Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjuries or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion Injury, and/or Treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal result of participation in a Covered Activity;
9. Expenses due to an aggravation or re-Injury of a Pre-existing Condition;
10. Expenses incurred that are in excess of Usual and Customary Charges for Covered Medical Services, or expenses that are not covered;
11. Mental and Nervous Disorders;
12. Medical Emergency Evacuation;
13. Experimental or Investigative Treatment or procedures;
14. Treatment of any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

DEFINITIONS



Injury means bodily Injury sustained by an Insured Person caused from a Covered Accident that:

1. occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim;
2. occurs while the Insured Person is participating in a Covered Activity; and
3. occurs under the circumstances described in a Covered Hazard applicable to that Insured Person.

All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

Covered Accident means an Accident that occurs directly and independently of all other causes while coverage is in effect for an Insured Person resulting in a Covered Loss under the Policy for which benefits are payable. The Insured Person must be participating in a Covered Activity, as identified in the Schedule, when the Accident occurs.

Covered Loss means an accidental death, dismemberment or other Injury covered under the Policy.

Covered Medical Services means the following services covered: 1) Hospital, 2) Private Duty Nurse, 3) Emergency Room, 4) Prosthesis, 5) Ambulatory Surgical Center or Ambulatory Medical Center, 6) Physician, 7) Anesthesia, 8) Durable Medical Equipment Rental, 9) Blood and Blood Products, 10) Ambulance, 11) Radiological Procedures, 12) Outpatient Laboratory Tests, 13) Prescription Drug, 14) Rehabilitation Care Facility, 15) Dental, 16) Vision or Hearing Products, 17) Skilled Nursing Facility, 18) Home Health Care, 19) Chiropractic Care, or 20) Physical and Occupational Therapy.

Coma, Comatose means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness by external or internal stimulation, as determined by a Physician.

Paralysis means the complete loss of muscle function in a part of the body as a result of neurological damage, as determined by a Physician.

Physician means a provider or practitioner who: 1) is properly licensed or certified to provide care or treatment under the laws of the state where he or she practices; 2) provides services that are within the scope of his or her license or certificate; and 3) is neither the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

Totally Disabled or Total Disability means the inability of an Insured Person to perform one or more Activities of Daily Living without human supervision or assistance after a period for which disability benefits are payable under the Policy.

LETTER OF INTENT TO BIND THE PARTICIPANT ACCIDENT INSURANCE VOLUNTEER PLAN



INSTRUCTIONS: To request coverage, please complete the following required fields, then email this document to AHQuotes@thehartford.com

Policyholder Name:

Policyholder Address:

Number of Volunteers to be Covered (per year):

PLAN OPTIONS:

- Standard Plan (\$3.50 per person, per year)
- Premium Plan (\$5.15 per person, per year)
- Standard Plan, no WAI (\$2.45 per person, per year)
- Premium Plan, no WAI (\$3.85 per person, per year)

Requested Coverage Effective Date:

Agency Name:

Agency Address:

The Hartford Appointed Agent Name:

Agency Contact Name:

Agency Contact Email Address:

Agency Contact Phone Number:

The Hartford Sales Representative Name (if applicable):

Policy is subject to a \$340 minimum premium per year

To learn more about The Hartford's Participant Accident insurance, call your local representative from The Hartford, and visit TheHartford.com/accidentlines



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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued inforce or discontinued. This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2019 The Hartford.

Blanket Accident Form Series includes BSR-1000, BSR-1200, or state equivalent.

This is not an application and coverage cannot be bound until the request for quote is reviewed by The Hartford and a formal quote is issued.