



VIS – Volunteers Insurance Service®

Volunteer Insurance Quote Request

Sponsoring
Organization:

Street Address Mailing Address (if different from Street)

Street:

Street:

City:

City: State: Zip:

State: Zip:

Phone #:

Contact Person Name &
Title: Contact

Person

Email:

Website:

Do you perform any overseas business activities? ☐ YES ☐ NO

If YES, do your overseas business activities breach any U.S.A. sanctions/regulations? ☐ YES ☐ NO

Is your Volunteer insurance request for an AmeriCorps Seniors program? ☐ YES ☐ NO If YES, please check all that apply: ☐ Senior Companion Program ☐ Retired & Senior Volunteer Program ☐ Foster Grandparent Program ☐ Other:

Description of services to be performed by Volunteers:

How did you hear about our program?

Month you wish coverage to start (must be the first of a future month):

Coverage may be effective the first day of a future month. All policies expire July 1. Policies may then be renewed for the standard 12-month term beginning July 1. Premiums for policies beginning other than July 1 are prorated, subject to a \$100 minimum.

Enter the number of Volunteers to be covered:

Check the coverages you wish to quote:

☐ Volunteer Accident ☐ Volunteer Excess Liability ☐ Volunteer Excess Auto Liability ☐
☐ Court Referred Accident ☐ Work Release Accident

Printed

Name:

Signature:

Date:

Please email completed quote request to:

**MAVolunteerProgram@acrisure.com A non-binding quote will be sent to
the email address provided.**

Acrisure Mid-Atlantic XS Program Insurance Agency, LLC
1265 Drummers Lane, Suite 300 | Wayne, PA 22192

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