



VOLUNTEER FIREFIGHTER BLANKET ACCIDENT INSURANCE COVERAGE EFFECTIVE JANUARY 1, 2012

**COVERAGE IS UNDERWRITTEN BY HARTFORD LIFE & ACCIDENT INSURANCE COMPANY
FACILITATED THROUGH HUB INTERNATIONAL NEW ENGLAND, LLC
AND ENDORSED BY MAINE MUNICIPAL ASSOCIATION RISK MANAGEMENT SERVICES**

"This flyer explains the general purpose of the insurance described, but in no way changes or affects the policies as actually issued. In the event of a discrepancy between this flyer and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are contained in your Policy. This program may vary and may not be available in all states. We strongly urge you to read your policy."

\$40.00 per Volunteer per Year
Minimum Annual Premium of \$350 per Municipality

WHAT IS THE COST? The cost of coverage is \$40.00 per rostered volunteer firefighter/rescue person per year. Due to the fact that this coverage is BLANKET coverage, the municipality must include **ALL** volunteer rostered firefighting and rescue personnel. The coverage provides certain benefits to junior firefighters, auxiliary members, deputized bystanders, full and part time "Career" firefighters and rescue personnel; however, the municipality pays only for the rostered volunteers. The minimum premium for each participating municipality is \$350.

HOW DOES THE BLANKET COVERAGE WORK? Municipalities enroll and pay an annual premium based on the total number of volunteers firefighters and rescue personnel expected to serve the municipality during the coverage term. The Municipality does not provide specific names of firefighters or rescue personnel at the time of enrollment. In the event of a claim, the Municipality will be responsible for verifying that the claimant was engaged in authorized duties on behalf of the municipality at the time of the injury or death. Blanket coverage eliminates having to notify the carrier each time there is a change in volunteer firefighting or rescue personnel. Example: The Town of Misery Grove's Firefighting/Rescue roster normally includes 30 individuals; the municipality enrolls in coverage and declares 30 volunteers on the annual Request for Coverage; subsequently two firefighters retire and one EMT moves away, but three new volunteer recruits are brought into the training program. The coverage automatically applies to the new volunteers for covered losses.

WHO IS ELIGIBLE FOR COVERAGE? Volunteer firefighters and rescue personnel, including stipend and paid-per-call personnel who are not considered to be "Career" and who do not work regularly scheduled hours for the firefighting and/or rescue organization are eligible for coverage. Junior firefighters, auxiliary members, deputized bystanders and paid/career fire and rescue personnel are eligible for limited benefits under the coverage; however, no premium is charged for these additional coverages. Blanket coverage is effective the date municipality elects coverage and subsequently pays premium within the due date.

WHO SHOULD BE COUNTED AS A ROSTERED VOLUNTEER FIREFIGHTER/RESCUE? For information regarding who to count as a rostered volunteer firefighter or rescue member (for purposes of calculating the municipality's premium), please refer to the blue highlighted box on the Request for Coverage form. If an individual serves the municipality as a volunteer firefighter as well as a volunteer rescue member, count him/her only once.

COVERAGE LIMITS: The coverage limits offered by The Hartford are shown in the "WHAT" portion of the attached chart.

COVERAGE IS PRIMARY OVER INJURED PARTY'S HEALTH INSURANCE: Coverages compensable under this Policy are primary over the injured party's health insurance.

THIS COVERAGE DOES NOT REPLACE WORKERS COMPENSATION COVERAGE: The Volunteer Firefighter Blanket Accident Insurance Coverage is not intended to duplicate or replace Workers Compensation benefits.

PARTICIPATION REQUIREMENTS: Participation in the program requires the Municipality to agree to maintain an accurate list of all firefighting and rescue personnel. Each Municipality must acknowledge (on the Request for Coverage) that the list of firefighting and rescue personnel is subject to audit by the carrier or the carrier's designee.



POLICY DEFINITIONS:

- **Injury** means bodily injury of an Injured Person which results directly and independently of all other causes from accident which occurs while participating in a Covered Activity. Loss resulting from sickness or disease or medical or surgical treatment therefore, except pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.
- **Total Disability** means the complete and continuous inability of the Insured Person to: a) perform the essential duties of his or her regular occupation until the Weekly Benefit has been paid for 104 weeks; and thereafter, b) engage in any gainful occupation for which he or she is or can be reasonably fitted through training, experience, or education.
- **Accidental Death & Dismemberment Catastrophic Loss Benefit Loss** means with regard to: a) hands and feet, complete severance through or above wrist or ankle joints; b) sight, speech or hearing, entire and irrecoverable loss thereof; c) thumb or index finger, complete severance through or above the metacarpophalangeal joints; d) arm or leg, complete severance through or above the elbow or knee joint; e) each joint of finger or toe, complete severance through or above the joint of the finger or toe; f) movement, complete and irreversible paralysis involving the entire arm with respect to Upper Limb, entire Leg with respect to Lower Limb.

WHAT ARE THE POLICY EXCLUSIONS? The Policy does not cover loss, disability or expense incurred for or as the result of: a) intentionally self-inflicted injury, suicide or attempted suicide b) war or any act of war, whether war is declared or not; c) an accident occurring while on any aircraft, except while a passenger on an aircraft operated by a passenger airline on a regularly scheduled passenger trip over its established route.

WHEN DOES COVERAGE TERMINATE? Coverage will terminate if payment is not made within 31 days of due date.

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life & Accident Insurance Co.



HOW TO ENROLL

IN VOLUNTEER FIREFIGHTER BLANKET ACCIDENT INSURANCE COVERAGE

1. Count the number of volunteer firefighters/rescue members in your Organization in accordance with the blue “How to Calculate” box on the Request form. (We do not need you to furnish the names of the volunteers.)
2. Complete the three questions on the Request for Coverage, calculate the premium in question #3, and sign and date the request form.
3. Payment should be made in the amount of the calculated premium (or minimum premium, **whichever is greater**) and made payable to:

Hartford Life & Accident Insurance Company

4. For more information, call: 800-590-5583, ext. 2255 or contact Judy Doore at jdoore@memun.org.
5. Forward the payment and the Request for Coverage form to:

Maine Municipal Association
Attention: Karen Worster or Judy Doore
P.O. Box 9109
Augusta, ME 04332-9109

WHAT HAPPENS IF THE MUNICIPALITY EXPERIENCES ADDITIONS OR CHANGES IN THEIR FIREFIGHTING/RESCUE VOLUNTEER ROSTER DURING THE COVERAGE YEAR?

- If a volunteer firefighter or rescue member is removed from the roster and is replaced by another volunteer – no action is necessary except to maintain an accurate local listing of all firefighting and rescue volunteers.

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REQUEST FOR RENEWAL OF VOLUNTEER FIREFIGHTER BLANKET ACCIDENT INSURANCE COVERAGE Underwritten by Hartford Life and Accident Insurance Company

1. Name of Policyholder/Municipality: _____ EFF: _____
 Address of Policyholder/Municipality: _____
 City, State ZIP Code: _____
 Name of Contact Person: _____ Telephone # _____
 Email Address of Contact Person: _____
 (Email address is desired - Policy forms will be distributed by email where possible)

2. Name of Fire Department/Company, Ambulance, First Aid, or Rescue Squad: _____
 Address of Organization: _____ City, State, ZIP Code: _____

3. A. Total Number of Rostered <u>Volunteer</u> Firefighters and Rostered <u>Volunteer</u> Rescue Personnel (See blue box)	#	*
B. Times Annual Premium per Rostered Volunteer Firefighter and Rescue Personnel (Effective 1/1/2012)	x \$	40.00
C. Equals the Total Annual Premium	= \$	
"OR" D. Subject to the Minimum Premium per municipality	\$	<u>350.00</u> (Whichever is greater)

* HOW TO CALCULATE THE NUMBER OF ROSTERED VOLUNTEERS IN 3A ABOVE*

<p style="text-align: center;"><u>DO NOT INCLUDE</u></p> <ul style="list-style-type: none"> Full/part-time fire/rescue personnel who are considered to be 'Career' and have a regular working schedule for your Organization Junior Firefighters and Auxiliary members <p>(The above categories automatically receive certain benefits through this coverage at no additional cost to the insured).</p>	<p style="text-align: center;"><u>DO INCLUDE</u></p> <ul style="list-style-type: none"> Firefighting and Rescue volunteers who receive no monetary compensation for their services <u>On-call</u> Firefighting and Rescue personnel who receive stipends, an hourly wage, or compensation distributed pro-rata, based on points or a formula All other firefighting/rescue personnel who are paid at a rate that is less than minimum wage, who are not considered to be 'career' and who do not work regularly scheduled hours for your Organization Volunteer vacancies certain to be filled w/in 12 mos.
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The Undersigned hereby declares, to the best of his/her knowledge, that the number of firefighters and rescue volunteers indicated above in section 3A accurately accounts for ALL rostered volunteer firefighter/rescue personnel in accordance with the guidance in the blue block above. The policyholder/municipality hereby acknowledges that participation in the Volunteer Firefighter Blanket Accident Coverage requires the policyholder/municipality to maintain an accurate list of personnel, and, in the event of a claim, the list may be audited by the carrier or the carrier's agent.



**Signature of
Municipal Official**

Title: _____

Date: _____

Please make checks **payable to:** Hartford Life & Accident Insurance Company

Please mail request and payment to: Maine Municipal Association
 Attention: Karen Worster or Judy Doore
 P. O. Box 9109
 Augusta, ME 04332-9109