



REQUEST FOR VOLUNTEER FIREFIGHTER BLANKET ACCIDENT COVERAGE

1. Name of Policyholder/Municipality: _____
 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 Volunteer Firefighters and Rostered Volunteer Rescue Personnel (See blue box) # _____*
 B. Times Annual Premium Per Rostered Volunteer Firefighter and Rescue Personnel x \$ 44.61
 C. Equals the Total Annual Premium = \$ _____
 D. Subject to the Minimum Premium per municipality (Seven or fewer Rostered Volunteers) \$ 350.00

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

<u>DO NOT INCLUDE</u>	<u>DO INCLUDE</u>
<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>	<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.

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: **The Hartford Life Insurance Company**

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

FOR OFFICIAL USE ONLY

Agent Name, Address and Agency Code: _____
 Signature of Licensed Resident Agent: _____