



REQUEST FOR VOLUNTEER FIREFIGHTER
BLANKET ACCIDENT INSURANCE COVERAGE REQUEST FORM
Underwritten by Hartford Fire Insurance Company, Hartford CT, 06155

1. Policy Number:
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:

Table with 3 rows: 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 (Effective 1/1/2016) x \$ 34.00; C. Equals the Total Annual Premium = \$

"OR" D. Subject to the Minimum Premium per municipality \$ 350.00 (Whichever is greater)

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

DO NOT INCLUDE

DO INCLUDE

- 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
(The above categories automatically receive certain benefits through this coverage at no additional cost to the insured)

- Firefighting and Rescue volunteers who receive no monetary compensation for their services
On-call Firefighting and Rescue personnel who receive stipends, an hourly wage, or compensation
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.



Signature of Municipal Official

Title:

Effective Date:

Please make checks payable to:

HUB International New England LLC

Please mail request and payment to:

HUB International New England LLC
Attention: Cassidy Lungo
300 Ballardvale St
Wilmington, MA 01887



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:

HUB International New England LLC

4. For more information, call: 800-590-5583, ext. 2232 or contact Roberta Fogg at rfogg@memun.org
5. Forward the payment and the Request for Coverage form to:
6. HUB International New England LLC
Attention: Cassidy Lungo
300 Ballardvale Street
Wilmington, MA 01887

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.

Underwritten by The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Fire Insurance Company, under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

THIS IS A LIMITED BENEFIT POLICY.
IT PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT AND SICKNESS.
IT IS NOT INTENDED TO COVER ALL MEDICAL COSTS.



VOLUNTEER FIREFIGHTER BLANKET ACCIDENT INSURANCE COVERAGE EFFECTIVE JANUARY 1, 2025

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

THIS IS AN ACCIDENT ONLY POLICY.

\$34.00 per Volunteer per Year
Minimum Annual Premium of \$350 per Municipality

WHAT IS THE COST? The cost of coverage is \$34.00 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 volunteer 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 for \$34.00 per volunteer per year 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 sustained by an Injured 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.
- **Total Disability** means the complete and continuous inability of the Insured Person to:
 - 1) perform the essential duties of his or her regular occupation until the Weekly benefit has been paid for 104 weeks; and thereafter,
 - 2) engage in any Gainful Occupation for which he or she is or can be reasonably fitted through training, experience, or education.
- For the **Accidental Death & Dismemberment (AD&D) 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 resulting from or for: 1) suicide or attempted suicide, whether sane or insane, or intentional 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 will 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 a 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) any loss incurred while outside the United States, its Territories or Canada.

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

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. 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 in force or discontinued. © 2022 The Hartford. This flyer 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 flyer and the policy, the terms of the policy apply. Complete details are in the Master Policy as issued to the policyholder. Benefits are subject to state availability.

We strongly urge you to read your policy.

HUB International New England, LLC is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive.