



VIS – Volunteers Insurance Service®

Volunteer Insurance Quote Request

Sponsoring Organization: _____

Street Address

Street: _____

City: _____

State: _____ Zip: _____

Mailing Address (if different from Street)

Street: _____

City: _____

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): December ____

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.