

**Volunteer Insurance Application**

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| **STATE AGENCY:** |
| **CONTACT PERSON:** |
| **TITLE:** |
| **PHONE #:** |
| **Email:** |
| **FAX:** |
| **Description of Volunteer Duties:** |

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| **In calculating the number of volunteers for Excess Accident and Excess Liability, the maximum number of volunteers at all facilities statewide on any given day should be used.**  **In calculating the volunteer hours for Excess Accident and Excess Liability, you may record hours worked by a volunteer and average over the entire group or estimate the hours by job description.**  **In calculating the volunteer days for Excess Accident and Excess Liability; you may record the days worked by a volunteer and average over the entire group or estimate the days by the job description.**  **In calculation the number of volunteers for Excess Auto, the number of volunteers who actually drive, regardless of the number of hours worked should be used.** |

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| **7/1/2020 – 7/1/2021 Term** | **Number of Volunteers (provide estimate)** | **Volunteer Hours**  **(provide average)** | **Volunteer Days**  **(provide average)** |
| **Excess Personal Liability** |  |  |  |
| **Excess Automobile Liability** |  |  |  |
| **Excess Accident Medical Coverage** |  |  |  |
| **CRASVP** **(Bastrop CSCD and DSHS ONLY)** |  |  |  |
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