

**Volunteer Insurance Application**

Top of Form

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

|  |
| --- |
| **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.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |  |  |  |
|  |  |

Bottom of Form