is $500,000 each person, $1,000,000 each accident for bodily injury, and $50,000 each accident for property damage. This insurance is in excess of the insurance you carry on your own automobile or the limits of your state's financial responsibility law, whichever is higher.

Exclusions to Excess Automobile

The exclusions or restrictions are those included on standard forms. See policy on file with project director for specific provisions.

HOW TO FILE A CLAIM

If you have an accident which results in personal injury to yourself you can obtain a claim form from your project director. Follow the instructions carefully. When the form has been completed return it to your project director with your itemized bills. The director will then sign the form and submit it to CIMA, 5513 Connecticut Avenue, N.W., Washington, D.C. 20015.

In the event of a liability claim, you should immediately contact your project director and CIMA, Phone (202) 244-5678, 5513 Connecticut Avenue, N.W., Washington, D.C. 20015. If possible, send written notice containing the time, place, and circumstances thereof, with the names and addresses of witnesses and the injured.

Designed & Administered by:

CORPORATE INSURANCE MANAGEMENT

5513 Connecticut Ave., N.W.
Washington, D.C. 20015
Phone (202) 244-5678

Accident Insurance Plan

Underwritten by:

LIFE INSURANCE COMPANY OF NORTH AMERICA

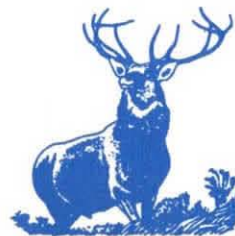World Headquarters
Philadelphia, Pennsylvania

Personal Liability Underwritten by:

INSURANCE COMPANY OF NORTH AMERICA

World Headquarters
Philadelphia, Pennsylvania

Excess Automobile Liability Underwritten by:

HARTFORD ACCIDENT AND INDEMNITY COMPANY

Hartford, Connecticut

Accident and Liability Insurance Plans

ACTION
OLDER AMERICANS
VOLUNTEER PROGRAMS

FOR VOLUNTEERS IN:

RSVP RETIRED SENIOR VOLUNTEER PROGRAM

FGP FOSTER GRANDPARENT PROGRAM

SCP SENIOR COMPANION PROGRAM

To Volunteers:

Each Volunteer enrolled in a Retired Senior Volunteer Program, Foster Grandparent Program or Senior Companion Program is eligible for three kinds of insurance plans. These plans provide coverage for you while participating in community service as a volunteer.

The Administrator of the plans is Corporate Insurance Management. All questions and claims should be directed to the Administrator. The insurance policies are held by the sponsors of the Older Americans Volunteer Programs. This is not a substitute for any insurance you may now carry and only applies while you are performing your assignment as a volunteer in the program.

It is highly appropriate that the satisfaction and appreciation you experience as a volunteer be supported by the comfort of knowing you have some help in the event of an accident.

This leaflet describes the insurance coverage provided you as a volunteer. The coverage becomes effective at the time of your formal enrollment in the Volunteer Program.

Complete information regarding the insurance coverages is available from your project director at the local program office where the policies are on file.

All three plans described herein are offered to sponsors of the Older American Volunteer Programs. However not all sponsors elect to cover their volunteers under all of our plans. Please check with your project director to see which coverages your organization is providing for you.

SUMMARY OF COVERAGES

I. Accident Insurance Plan

This covers you, the volunteer, for a personal injury arising from your volunteer activities. The insurance applies while you are traveling directly to and from, and participating in an activity sponsored by RSVP, FGP, or SCP. (You will be covered during any meal period while you are serving as a volunteer.)

Medical Indemnity—Pays you up to $10,000

If within 60 days after a covered accident your injuries require medical or surgical treatment, such expenses incurred within one year after the accident are covered up to $10,000. The $10,000 maximum includes a benefit of $500 for treatment of injury to natural teeth, including replacement but excluding X-rays. Also included is a benefit up to $250.00 for repair of dentures damaged in the accident.

If you are enrolled in Medicare, this benefit applies only to expenses incurred in excess of the benefits provided under the Medicare program.

Loss of Life, or Sight—Pays you up to $1,000

If within one year after an accident injuries result in death or loss of limb or sight, one of the following benefits (the largest loss incurred) is payable in addition to the above medical indemnity:

For loss of:

Life (caused by an accident) $1,000

Both hands, feet or eyes, or any combination of two such members 1,000

Hand, foot, or sight of one eye 500

Thumb and index finger of either hand .. 250

Exclusions to Accident Insurance

This insurance does not cover (a) the cost of medical or surgical treatment or nursing service rendered by any person employed or retained by the local organization sponsoring the Older Americans Volunteer Program; (b) any loss caused by (1) abdominal hernia however caused, (2) act of war, (3) bacterial infections (except an infection caused by a wound), or (4) any disease; or (c) expense incurred for eyeglasses or prescriptions therefor.

II. Personal Liability Plan

This coverage protects you for a personal injury or property damage liability claim arising out of your performance as an enrolled volunteer. The amount of protection is $1,000,000 for each occurrence and is in excess of any other valid and collectible insurance.

Exclusions to Personal Liability

Some of the exclusions are: injury or damage arising out of the use of an automobile; injury or damage arising while traveling to or from the place of volunteer service; errors or omissions in connection with professional service; medical malpractice; and personal injury resulting from assault and battery. For other exclusions contact the project director who has the complete policy on file.

III. Excess Automobile Liability

This protects you for a bodily injury or property damage claim arising out of using your own automobile in connection with your program related volunteer work. The amount of protection