



Name of Organization		Account Number	Page 1 of 3
Address			
City	State	Zip	
E-Mail	Phone	Fax	
Name of Authorized Agent			
Address (If different from above)			

It is understood and agreed that this writing constitutes a special **CONTRACT** between _____, an organization engaging the services of volunteers, hereinafter "insured," and Workforce Safety & Insurance, hereinafter "WSI."

Type of Activity

What activities does the organization engage in? _____

Will your organization have paid employees? Yes No
(if your answer is yes, coverage for paid employees is mandatory under separate contract)

Describe specifically the work activity for which your organization desires volunteer workers' compensation coverage.

Membership

How many volunteers do you anticipate will work on the project?

Estimate the average number of hours per week each volunteer will work.

Is the work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	Will all volunteers participate in the same activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If your answer is no, please estimate what percentage of volunteers will engage in which kinds of work.

VOLUNTEER ORGANIZATION COVERAGE (cont'd)

You may substitute this page with a computer printout or make additional copies if more space is needed.

List all known volunteers who will be working on the project

	Name	Social Security Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

1. The term of this contract is for a period of one year from the date of acceptance by WSI and is automatically renewable by payment of the annual premium.
2. This insured shall notify WSI by mail or facsimile of any changes or additions to the information included in the application. **Individuals not identified as volunteers in the application or subsequent writing provided to WSI prior to the date of injury are not eligible for coverage under the terms of this contract.**
3. This contract remains in force until terminated by either party by written notice to the other party.
4. WSI may terminate this contract if:
 1. WSI notifies the insured of its intent to decline renewal of the contract pursuant to § 65-07-02 or
 2. WSI discovers that the information supplied by the insured is incomplete, misleading or fraudulent.
 3. The premium is not paid in full within thirty (30) days of the effective date of coverage specified in this contract. No claim for injury under this agreement made during the contract period will be honored if the premium has not been paid.
5. Premium for each volunteer shall be established by WSI based on information supplied by the insured. Workers' compensation coverage is effective on the date of acceptance by WSI. Coverage shall be cancelled if premium is not paid within thirty (30) days of the effective date of coverage.
6. All claims filed under this contract are subject to Title 65 of the North Dakota Century Code.
7. All benefits available to any proper claimant under Title 65 of the North Dakota Century Code shall be provided by WSI for injury or death when such occurs in the course of work described in the application for coverage.
8. The coverage provided by this contract shall not include medical, compensation, permanent partial or death benefits for heart attacks or strokes.

I understand WSI may request additional information in reviewing this contract and application. I understand it is the responsibility of the organization and its agents to inform WSI by mail or by facsimile of any additions or changes to the information contained in this application and contract. **Lastly, I understand that only those volunteers listed in this application prior to injury are covered by this contract.**

I certify that I am an approved agent for the above-named organization. I further certify that I have read and understand the provisions of this contract. I understand that this contract is not in force until approved by WSI.

Authorized Agent

Date

Institution Name

Workforce Safety & Insurance

Date of acceptance by WSI
Effective date of coverage