

June 14, 2023

kkdc@westchestercountyny.gov

Westchester County Risk Mgmt
148 Maritime Avenue - Rm 241

White Plains, NY 10601

RE: VIS - Volunteers Insurance Service

We are pleased to enclose the volunteer documents, which provide a brief overview of the attached policy(s) provisions, benefits, exclusions and limitations.

Please keep the attached paperwork in a safe place, as these are the only copies you will receive.

Accident Claim forms are available for download at our website:

<https://www.cimaworld.com/nonprofits/cima-volunteers-forms> We encourage you to visit our website at <https://www.cimaworld.com> to take advantage of all of the site's resources.

As always, we greatly appreciate your participation in our unique program, and are always happy to hear from you any time we can be of help. Just email, call 800.222.8920, 800.468.4200 or fax 703.739.0761.

Sincerely,

Your Service Team

Jennifer S. Yarnell, Account Executive, ext 7306
California License #4266609

E-mail: jyarnell@cimaworld.com

Victoria W. Brooks, Account Executive, ext.7301

E-mail: vbrooks@cimaworld.com

Key code: NYWHIT4

HEADQUARTERS AND MAILING ADDRESS FOR ALL OFFICES:

2750 Killarney Drive, Suite 202, Woodbridge, VA 22192-4124
Phone: 703.739.9300; 800.222.8920; Fax: 703.739.0761
www.cimaworld.com



QBE INSURANCE CORPORATION

STATEMENT OF COVERAGE Volunteers Insurance Service Association, Inc.

Underwritten by:
QBE Insurance Corporation
55 Water Street
New York, NY 10041

Administered by-as Agent:
The CIMA Companies, Inc.
2750 Killarney Drive, Ste 202
Woodbridge, VA 22192
1-800-468-4200

This Statement of Coverage confirms that Blanket Accidental Death and Dismemberment and Accident Medical Expense coverages are provided to Covered Persons volunteering with the Participating Volunteer Organization (Organization) named below, under Policy #MHH010303, issued by QBE to: Volunteers Insurance Service Association, Inc.

Organization Name Westchester County Risk Mgmt
148 Maritime Avenue - Rm 241

White Plains, NY 10601

Organization Number NYWHIT4
Organization's Coverage Term 7/1/2023 to 7/1/2024

Covered Persons All designated, recorded Volunteers participating in a volunteer project through the Organization's program

Covered Activities Performance of duties required to carry out assignments made by the Organization, including travel to, during and from those assignments

Accidental Death and Dismemberment Coverage

Principal Sum	\$2,500
100% paid for.....	Loss of life, two or more hands or feet, sight of both eyes or one hand or foot and sight of one eye
50% paid for.....	Loss, or loss of use, of one hand or one foot, or loss of sight in one eye
25% paid for.....	Loss of thumb and index finger of the same hand

Accident Medical Expense Coverage

Maximum Benefits for any one Covered Accident.....	\$50,000
Benefit Period for any one Covered Accident.....	52 weeks
Deductible.....	None
Scope of Coverage.....	Excess—pays benefits after any other Health Care Plans have paid benefits
Benefit Amount Payable.....	100% of Usual and Customary charges, up to Maximum Benefit per Covered Accident
Covered Expenses Include.....	In & Out-Patient Hospital, Ambulatory Medical Center Emergency Room, Physician visits surgery, diagnostic tests, nursing services and ambulance charges

Exclusions and Limitations These coverages are subject to exclusions and limitations detailed in the Policy. Coverage is provided only for treatment of injuries sustained by Covered Persons during Covered Activities, and excludes injuries resulting from suicide, commission of a felony or assault, riot, war, flying except as a fare-paying passenger, races or speed contests, any sickness or disease, intoxication, or treatment of existing injuries.

This Statement of Coverage provides a brief overview of provisions, benefits and exclusions and limitations—only the Blanket Accident Medical Insurance policy provides full information and governs the terms of coverage provided. You may request a copy of that policy from The CIMA Companies, Inc., at the address shown above.

CONFIRMATION OF PLACEMENT OF COVERAGE

Named Organization and Mailing Address

Westchester County Risk Mgmt
148 Maritime Avenue - Rm 241

White Plains, NY 10601

Type of Coverage: Excess Volunteer Liability

Insurance Companies: Fortegra Specialty Insurance Company and Certain Underwriters at Lloyd's of London

Certificate No.: NYWHIT4 - VIP

Unique Market Reference: B174322B01331

Effective Dates: 07/01/2023 to 07/01/2024

Limits of Insurance:	Each Occurrence Limit	\$1,000,000
	Annual Aggregate Limit	\$3,000,000

Total Premium: \$1,616.80

NY Surplus Lines Tax: \$58.20

NY Stamping Fee: \$2.43

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.