

June 21, 2017

cgaringer@mayfieldvillage.com

Tri-Community CERT  
Cheryl Garinger, Finance Officer  
% MVFD 770 SOM Center Road  
Mayfield Village, OH 44143

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. We encourage you to visit our website at [www.cimaworld.com](http://www.cimaworld.com) and take advantage of all of the site's resources.

As always, we greatly appreciate your participation in our unique program, and always are 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,

Corporate Insurance Management, Inc.

Your Service Team

Victoria W. Brooks, Account Executive, ext.7301  
William R. Henry, Account Executive, ext 7310

E-mail: [vbrooks@cimaworld.com](mailto:vbrooks@cimaworld.com)  
E-mail: [whenry@cimaworld.com](mailto:whenry@cimaworld.com)

Key code: OHMAYF

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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](http://www.cimaworld.com)



# QBE INSURANCE CORPORATION

## STATEMENT OF COVERAGE

### Volunteers Insurance Service Association, Inc.

*Underwritten by:*  
QBE Insurance Corporation  
88 Pine Street  
New York, NY 10005

*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** Tri-Community CERT  
Cheryl Garinger, Finance Officer  
% MVFD 770 SOM Center Road  
Mayfield Village, OH 44143

Organization Number OHMAYF  
Organization's Coverage Term 7/1/2017 to 7/1/2018

**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.**

Surplus Lines Broker:  
XS/Group, Inc.  
Laurie S. Coleman  
2750 Killarney Drive, Suite 202  
Woodbridge VA 22192

Insuring Company:  
Certain Underwriters at Lloyd's of London  
Lloyds of London Syndicate  
40.00% CSL (#1084) - Chaucer Specialist Lines  
22.92% ARK (#4020) - Ark Syndicate Management  
22.92% AML (#2001) - Amlin  
10.00% SAM (#0727) - S.A. Meacock  
3.12% AES (#1225) - AEGIS Managing Agency Limited  
1.04% CNP (#4444) - Canopus Managing Agents Limited

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Named Organization and Mailing Address

Tri-Community CERT  
Cheryl Garinger, Finance Officer  
% MVFD 770 SOM Center Road  
Mayfield Village, OH 44143

Certificate No. OHMAYF - VIP  
Unique Market Reference: B113417CPBA1331

Named Organization's Business: Social Services

Certificate Period 07/01/2017 to 07/01/2018  
( 12:01 A.M. )

Certificate is: New

**VOLUNTEERS INSURANCE SERVICE**

***Excess Volunteer Liability***

***Certificate of Insurance***

This certificate, subject to all its terms, conditions, and limitations, shall expire on 07/01/2018, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

**Limits of Insurance**

Each Occurrence Limit	\$1,000,000
Annual Aggregate Limit	\$3,000,000

Total Premium: \$165.90	OH Surplus Lines Tax: \$8.30	OH Stamping Fee: \$0.00
VIS Membership Fee: \$140.00	OH Surplus Lines Tax: \$0.00	OH Stamping Fee: \$0.00

This policy has a minimum annual premium of \$100.00.

This Certificate and the attached coverage form and endorsements, if any, complete this policy.

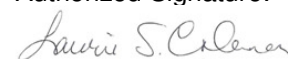
**NOTICE**

**By applying for this insurance, the applicant also is applying for membership in Volunteers Insurance Service Association, Inc., a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15USC 3901 et seq.).**

**The insurance hereby evidenced is written by an approved nonlicensed insurer in the State of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.**

ENDV2017

Authorized Signature:



Date: June 21, 2017

Surplus Lines Broker:  
XS/Group, Inc.  
Laurie S. Coleman  
2750 Killarney Drive, Suite 202  
Woodbridge VA 22192

Insuring Company:  
Certain Underwriters at Lloyd's of London  
Lloyds of London Syndicate  
40.00% CSL (#1084) - Chaucer Specialist Lines  
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Cheryl Garinger, Finance Officer  
% MVFD 770 SOM Center Road  
Mayfield Village, OH 44143

Certificate No. OHMAYF - VIE  
Unique Market Reference: B113417CPBA1331

Named Organization's Business: Social Services

Certificate Period 07/01/2017 to 07/01/2018  
( 12:01 A.M. )

Certificate is: New

**VOLUNTEERS INSURANCE SERVICE**

***Excess Auto Liability***

***Certificate of Insurance***

This certificate, subject to all its terms, conditions, and limitations, shall expire on 07/01/2018, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

**Limits of Insurance**

Each Automobile Accident Limit      Maximum limit of \$500,000, subject to endorsement VIS219

Total Premium: \$596.45

OH Surplus Lines Tax: \$29.82

OH Stamping Fee: \$0.00

This policy has a minimum annual premium of \$100.00.

This Certificate and the attached coverage form and endorsements, if any, complete this policy.

**NOTICE**

**By applying for this insurance, the applicant also is applying for membership in Volunteers Insurance Service Association, Inc., a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15USC 3901 et seq.).**

**The insurance hereby evidenced is written by an approved nonlicensed insurer in the State of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.**

Authorized Signature:



Date: June 21, 2017

ENDV2017