



Insurance, Risk Management and Employee Benefit Services

July 10, 2014

cgaringer@mayfieldvillage.com

Tri Community Emergency Response
Team, 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 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
Joan R. Wankmiller, Account Executive, ext 7306

E-mail: vbrooks@cimaworld.com
E-mail: jwankmiller@cimaworld.com

Key code: OHMAYF

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
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 Emergency Response Team, Cheryl Garinger, Finance Officer % MVFD 770 SOM Center Road Mayfield Village, OH 44143
Organization Number	OHMAYF
Organization's Effective Date of Coverage	7/1/2014

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

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 - President
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
17.86% ARK (#4020) - Ark Syndicate Management
10.00% SAM (#0727) - S. A. Meacock
14.28% AUW (#0609) - Atrium Underwriters Limited
17.86% AML (#2001) - Amlin

Named Organization and Mailing Address

Tri Community Emergency Response
Team, Cheryl Garinger, Finance Officer
% MVFD 770 SOM Center Road
Mayfield Village, OH 44143

Certificate No. OHMAYF - VIP

Named Organization's Business: Social Services

Certificate Period 07/01/2014 to 07/01/2015
(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 07/01/2015, 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: \$125.40	OH Surplus Lines Tax: \$6.27	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.

Authorized Signature:

Laurie S. Coleman

Date: July 10, 2014

MIL2014

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

Insuring Company:
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Named Organization and Mailing Address

Tri Community Emergency Response
Team, Cheryl Garinger, Finance Officer
% MVFD 770 SOM Center Road
Mayfield Village, OH 44143

Certificate No. OHMAYF - VIE

Named Organization's Business: Social Services

Certificate Period 07/01/2014 to 07/01/2015
(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 07/01/2015, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

Limits of Insurance

Each Automobile Accident Limit \$500,000

Total Premium: \$458.70

OH Surplus Lines Tax: \$22.94

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:

Laurie S. Coleman

Date: July 10, 2014

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