



Volunteer Accident

General Information							
First Named Insured							
Mailing Address		City		State		Zip	
Contact Person	Phone:			Fax:			
Web Address				Contact's E-Mail Address:			
Effective Date	Federal Tax I.D. #			Years in Business:			
Description of Operations:							
Estimated # of Volunteers Annually:							
Description of Volunteer Duties:							

Contacts for Questions/Completed Applications:

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