

Accidental Death & Dismemberment Application

Court-Ordered Community Service / Inmate Work Release / Inmate Work Crew



Entity Information

Name of Government Entity: _____ Desired Effective Date: _____

Mailing/Street Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Activities and Covered Persons:

Person(s) to be covered: Inmate Work Crew Court-Ordered Community Service Workers Inmates on Work Release

Number of person(s) by age:

18 & Under: _____ 21 to 50: _____ 51 to 70: _____ 71 & Older: _____ Max Age of Persons Working: _____

What type of activities will the covered person(s) be doing?

How often will the covered person(s) be working?

Is there any additional information you would like to share?

Should coverage include travel to and from the activities listed above? Yes No

Existing Insurance Coverage:

Do you currently have insurance coverage? Yes No

If yes, who is your current carrier? _____

Effective Date: _____ Expiration Date: _____

Please provide details of your current program, including coverage benefits, a copy of your current policy and three years premium and loss history. If your current policy is over \$50,000, please provide detailed claims data.

Broker Information:

Agency Name: Hunt Insurance Group

Mailing/Street Address: 2075 Centre Pointe Blvd., Ste. 101, Tallahassee, FL 32308

Contact Name: Dan Lancaster

Office Telephone: (850) 241-7027 Mobile: (850) 545-3855 Fax: (850) 385-2124

Email: Dan.Lancaster@Huntins.com

Agency Commission: 20%



Hunt Insurance Group



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