

## **Volunteers Insurance Renewal – 2024** **Traditional & AmeriCorps Seniors**

Thank you for the valuable service your organization and your Volunteers provide to your communities. Your continued participation in the Volunteers Insurance Service (VIS) program is greatly appreciated. A few notes for your renewal:

1. For the 2024 renewal, we are pleased to announce there are **no rate increases**.
2. As previously communicated, CIMA is now Acrisure. The Volunteer policies will remain under the CIMA name until such time as the transition to Acrisure is complete. Your Volunteer policies remain unchanged.

**Your volunteer insurance renews on July 1, 2024.** Enclosed please find your renewal invoice and disclosures.

- **To keep the same coverage** – Please remit payment (& required disclosure documents for states noted below) no later than **July 1, 2024** to maintain continuous coverage. Payment received after July 1, 2024 may result in lapse in coverage. **Please refer to the Payment Options sheet for remittance options.**

**Are you located in one of the following states: AR, CT, KS, MA, MD, NC, ND, NJ, NY, OH, WV, WY?** – If so, and you have Volunteer Liability and/or Excess Auto Liability coverage, you must also refer to the affidavit disclosure instructions included.

- **To add or change coverage type** – Email or call us with your requested change(s) and your CLIENT CODE. We will then email a revised invoice. We offer Volunteer Accident (medical), Volunteer Liability and Volunteer Excess Auto Liability coverage. If you need information on the coverages, please let us know.
- **To change the number of volunteers covered** – Email or call us with your revised volunteer counts and your CLIENT CODE. We will then email a revised invoice.
- **To change contact information** – Please review the invoice and make changes, as necessary. Email or fax us with any updated contact information. Documents will be emailed to the primary contact on file.
- **PAYMENT OPTIONS (Payment should be remitted to CIMA):**
  1. Electronic / VCheck – Instructions are on the enclosed Payment Options sheet.
  2. Credit Card / ACH / PayPal – Instructions are on the enclosed Payment Options sheet.
  3. Mail – Mail your check, along with a copy of your invoice to the address at the bottom of this page. Your CLIENT CODE must be on the check.

**So that we may best assist you, and to avoid delays in processing, please include your CLIENT CODE on all forms of payment and communication.**

We greatly appreciate your continued participation in the Volunteer insurance services program. If we can be of assistance, please reach out.

Thank you,

### **Your Service Team:**

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### HEADQUARTERS AND MAILING ADDRESS:

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