Blanket Health Submission Checklist

This checklist must be completed for all Blanket Health Submissions to demonstrate compliance with RSA 415:18 I-a and I-b.

NH Bulletin INS No. 08-067-AB.
http://www.nh.gov/insurance/media/bulletins/2008/documents/ins_08_067ab.pdf

1. Name of common carrier, employer, volunteer fire department, first aid, or other such volunteer group, sports team or a camp, travel agency, or other organization that provides travel-related services, that has been in existence for at least two years:

   _____

   and was formed for what purpose _____ other than insurance.

2. Coverage will be issued to ten or more members.

   Yes ☐ No ☐

3. Coverage is only for specified hazards incident to an activity or activities of the operations of the association or other organization that is the policyholder.

   Yes ☐ No ☐

4. Premium is paid entirely by the policyholder with no contributions by covered persons.

   Yes ☐ No ☐ If No, explain: _____

5. There are no individually identified members, no individual enrollments, and no individual certificates.

   True ☐ False ☐ If False, explain: _____