



VOLUNTEER FIRE DEPARTMENT SUPPLEMENTAL APPLICATION

General Information

Submission Requirements:

- Currently valued, carrier-generated Loss Runs for the current year and the last three years
- ACORD Applications for Property, Liability, Auto, Inland Marine, EDP, etc.
- Supplemental Application

Legal Name of Organization (please include all organizations that are to be included as insured):

Fein Number:

Mailing Address:

Effective Date:

Quote need by date:

Person to be contacted for Inspection:

Contact telephone: Day:

Website Address:

E-mail Address:

Which best describes the organization (please check one):

- Fire Suppression only (no EMS-Emergency Medical Services)
- Rescue/EMS Squad or Ambulance Squad

Fire and Rescue/EMS

Other (please describe):

The organization is a (please check one):

- Tax District
- Municipal Village or Town Department

Independent Non-Profit

Other (please describe):

Population served on a first-call basis:

Years in Operation:

Type: City Suburban Rural Other:

Water Sources: Hydrant Tanker Both

Property

Does your department have kitchen facilities?	Yes	No
If yes, is there a deep fat fryer?	Yes	No
If yes, is it protected by an automatic extinguishing system?	Yes	No

Volunteer Fire Fighter Coverage

Are all volunteers and paid staff covered by workers compensation insurance? Yes No

If Yes, name of Workers Compensation carrier:

If No, are all volunteers and paid staff covered by Accident & Disability insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense and \$200 Weekly Disability Insurance? Yes No

Name of AD& D carrier:

Operations

Annual Number of fire calls

Average number of members responding per fire call

Annual number of Medical or Rescue calls

Average number of members responding per Medical or Rescue call

Total number of emergency service volunteers

Total number of emergency service career personnel

Emergency Medical Service

Highest Level of service provided:

Advanced Life Support

Basic Life Support

First Responder Only

Advanced First Aid/CPR Only

None

Number of First Responders

Number of Basic EMT's

Number of Advanced EMT's (defib-trained and above, excluding paramedics)

Number of Paramedics

Number of Nurses

Does the organization utilize a licensed physician as its Medical/EMS Director? Yes No

Does the organization provide medical transport service? Yes No

If Yes, is the organization the primary medical transport service provider in its service area? Yes No

Does the organization charge any fees for medical transport service? Yes No

Does the organization perform any non-emergency medical transports? Yes No

Contracts

Does the organization hire subcontractors? Yes No
 If Yes, are certificates of insurance obtained from all subcontractors? Yes No

Please describe the work performed by all subcontractors and indicate the annual cost for this work:

Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)? Yes No
 If Yes, please describe:

Do any of these contracts require that the organization include the other entity as an additional insured? Yes No
 If Yes, please describe:

Watercraft/Aircraft

Does the organization own any watercraft or aircraft? Yes No
 If Yes, please indicate type, length, horsepower, number of seats, type of use, and where used. If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this application. (Aircraft hull and liability is not available)

Fund-Raising Activities

Describe the fund-raising activities of the organization:

	Number of times per year	Total Annual Receipts
Field Days		\$
Carnivals / Fairs		\$
Hall Rental		\$
Bingo		\$
Breakfasts/Dinners		\$
Sale of smoke alarms/fire extinguishers		\$
Motorized events (e.g. rodeos, musters)		\$
Modified race vehicles, snowmobiles races, mud bog events, 4-wheel drive or tractor pulls		\$
Other (describe):		\$

Field Days / Carnivals

Please describe all field days/carnivals, including amusement rides, live animal rides, showing date(s) and owner(s)

Is a Certificate of Insurance obtained from the owner of the rides? Yes No
 If Yes, what is the Limit of Insurance: \$
 Is the organization included as an additional insured? Yes No

Are rides inspected after set-up prior to public use? Yes No
 If Yes, by whom?

Are alcoholic beverages sold or served? Yes No
 If Yes, what are the total receipts? \$
 If Yes, who is responsible for the liquor insurance?

Liquor

Does the organization permit its members to consume alcoholic beverages on the premises? Yes No
 If Yes, please describe when, where and how often:

What steps are taken to limit consumption?

Does the organization ever sell alcoholic beverages at special events such as fairs, carnivals, bingo games, dinners, dances, barbecues, etc.? Yes No
 If Yes, please provide the following information:

Event	Duration of Event	Total Alcohol Sales	Average Cost per drink
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$

At special events, is the service and consumption limited to a designated area? Yes No
 If Yes, what procedures are used to ensure compliance?

Is the organization required to have a liquor license? Yes No
 If Yes, does it have one now? Yes No
 Has the license ever been canceled, suspended or revoked? Yes No
 If Yes, please describe the reasons:

Does the organization ever lease, rent or give its premises to others and provide either the alcoholic beverages or the bartending services? Yes No
 If yes, please describe:

If Yes, please describe when and where alcoholic beverages are sold and the estimated annual receipts:

Has the organization participated in a training program for servers of alcohol beverages? Yes No
 If Yes, please describe the program and indicate the procedures for verifying that all servers are trained:

Do you have procedures in place to manage the distribution of alcoholic beverages and prevent minors from being served or having access to alcoholic beverages? Yes No
 Describe:

Miscellaneous Liability

Does the organization sell subscriptions for service? Yes No
 If Yes, does the organization respond to all calls for emergency service with its service area without regard to whether the victim is a subscriber? Yes No

Does the organization have a Ladies Auxiliary or similar support group? Yes No
 If Yes, be certain to include the group as an insured on page 1 and to include its activities in the answers to this application.

Does the organization fill compressed air tanks for others: SCBA? Yes No
SCUBA? Yes No

If Yes for either, please describe:

Does the organization own any mechanically operated amusement ride? Yes No
 Does the organization have a Junior Firefighter or similar program? Yes No
 If Yes, please describe its activities and indicate the age range and approximate number of youthful members:

Please provide any other applicable rating or underwriting information:

Vehicles

INSTRUCTIONS FOR ACORD COMPLETION:

Complete "Driver Information" for all drivers.

In the "Vehicle Description" section:

- Show the year, make, model and type of vehicle. If uncertain as to type, select for the table below;
- For private passenger-type autos (PPT's), show the Cost New and the desired deductibles if physical damage coverage is desired;
- For emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value in the "Cost New" box;
- For all vehicles, show the locations where the vehicle usually garaged. Locations should correspond to those described in the Property section of this application. If the vehicle is stored in the open, show "open". This information is needed to determine total values at risk per location.

For the Vehicle Schedule that follows:

- Agreed Value - For emergency vehicles, service vehicles, trailers and antiques, show the desired agreed value. For Private Passenger-type autos (PPT's), show the Cost New. If Physical Damage coverage is not desired, leave blank.
- Loc. No. - Indicate the location where the vehicle is usually garaged. Locations should correspond to the Property section of this application.. This information is needed to determine total values at risk per location. If the vehicle is stored in the open, show "open".

Mobile Property

Mobile Property includes all equipment used in Insured's operations away from the premises including mobile firefighting, ambulance or rescue related equipment, mobile communication equipment commonly used in fire and rescue operations, training videos, manuals, and mannequins, and trailers to transport covered mobile property. This equipment will be covered while on premises and away from the premises, including while in transit, in storage, or in use.

Indicate below any scheduled equipment for which replacement cost coverage is desired, e.g. watercraft, ATV's, snowmobiles, bulldozers or farm tractors. (Do not schedule antique autos, trailers or any mobile equipment licensed for highway use – this type of equipment should be included on the vehicle list). For unscheduled property, show the limit, deductible and number of emergency vehicles which carry mobile property.

Description	Replacement Cost Amount of Insurance	Deductible
	\$	\$
	\$	\$
	\$	\$

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If "no", provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
- Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
 U.S. based employees:
 Total Full-Time: Total Part-Time:
 Volunteers: Temporary:
 Leased: Total Non U.S. based employees:
TOTAL SUM OF ABOVE:
2. Is any reduction of employees or change of status anticipated in the next year?
 Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

- With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
If yes, please provide details:

- As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:

- Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued and for the purposes of the Directors & Officers Liability and Employment Practice Liability coverage this application will become a part of the policy and is incorporated by reference.

Name (Please Print)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date: _____
Agent Signature: _____ Date: _____