



"Insuring Emergency Service Organizations Since 1969."

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MISSOURI FACTFINDER

RURAL FIRE DEPARTMENT PROGRAM

IMPORTANT NOTE: This application should be used only for departments meeting all of the following criteria:

- Must be a fire department (including fire departments providing basic life support (BLS) emergency medical service if no more than two ambulances).
- Must be at least 80% volunteer.
- Must have Workers' Compensation or Accident & Sickness coverage for volunteers and employees (if any).
- Must have an owned auto exposure.
- Must serve a first call population of no more than 2,500.
- Must average below 100 emergency fire runs annually.
- Must have no sales of alcoholic beverages except at occasional special events.
- Must have no fireworks, carnivals or motorized event fund-raisers.

Prospects not meeting all of these criteria should be submitted on the regular VFIS factfinder.

GENERAL INFORMATION

Date of Application: _____ Date Proposal Needed By: _____

Current Carrier and Agency: _____ Expiration Date: _____

Type of Organization: Independent Department Municipally Owned Tax District Joint Venture (attach copy of agreement)
 Other (Describe: _____)

Full Legal Name: _____
(Include all legal entities such as Fire Districts, Fire Companies, Rescue Squads, Ladies Auxiliaries and other organizations that are to be included as Named Insureds.)

Mailing Address: _____
Street or PO Box City/Twp./Borough County State Zip Code

Fax Number (if any): (_____) _____ Organization's website (if any): _____

Internet e-mail address (if any): _____

Person Interviewed: _____ (_____) _____
Name Title Telephone Number

Person to be contacted for client education and training purposes: Name: _____
Title: _____
Day Phone: (_____) _____
Evening Phone: (_____) _____

Is your organization incorporated? Yes No
If No, are you an: Unincorporated Association Political Subdivision
 Other (Describe: _____)
If No, are you chartered? Yes No

Are you a profit or non-profit organization? Profit Non-Profit

Type of Department: Fire Department Fire Department with Ambulance

Number of departments or companies included in this insurance program? _____

Annual Budget: \$ _____

Does the organization's funding come primarily from: (check only one) Tax revenues
 Contracts to provide service
 Fund-raising events
 Other (Describe: _____)

Population of area served on first call basis: _____ Number of square miles of territory served on first call basis: _____

Total number of paid career personnel: _____ Total number of active volunteers (include volunteers paid per call): _____

Estimated number of responses per year:
Fire _____
Rescue _____
Emergency EMS _____
Non-Emergency EMS _____

Do your volunteers normally respond to emergencies in their personal vehicles? Yes No N/A

Which best describes the area in which the insured provides service? Check all that apply.

- Urban
- Suburban
- Rural
- Industrial
- Commercial
- Residential
- Agricultural/Wildlands

Are all volunteers covered by Workers' Compensation? Yes No N/A

Are all paid employees covered by Workers' Compensation? Yes No N/A

If No to either of the above, is there an Accident & Sickness policy in force with primary medical benefits of at least \$10,000? Yes No

All volunteers/employees receive formal training:

- Monthly
- Quarterly
- Annually
- As time and budget allow

Is each station manned 24 hours per day? Yes No

REAL & PERSONAL PROPERTY Yes No

Coverage type: Blanket Building Blanket Contents Scheduled Building Scheduled Contents

Deductible desired: \$250 \$500 (Standard) \$1,000

| Loc. | Building Occupied as | Year Built | Street | City | State | County | Zip Code |
|------|----------------------|------------|--------|------|-------|--------|----------|
| 1. | | | | | | | |
| 2. | | | | | | | |

| Loc. | Amount of Insurance (100% Repl. Cost Values) | | Prot. Class | Const. | Internal Fire Protection (burglar alarms, fire extinguishers, automatic extinguishing systems, smoke detectors, heat detectors, etc.) |
|------|---|-------------------------------|----------------|--------|--|
| | Building | Contents (\$5,000 minimum) | | | |
| 1. | | | | | |
| 2. | | | | | |

The VFIS property form automatically provides flood and earthquake coverage up to \$500,000 per location, subject to a \$1,000 deductible.

Loss of Income coverage is automatically included up to the actual loss of income sustained for twelve months following the loss, and Extra Expense coverage is automatically included up to the actual extra expense incurred for twelve months following the loss.

Money and Securities coverage is automatically included at \$5,000 per occurrence.

SYSTEMS BREAKDOWN (BOILER & MACHINERY) Yes No

Deductible desired: \$250 \$500 (Standard) \$1,000

| Location Number (refer to property schedule in section 1 above) | 1 | 2 |
|---|---|---|
| Are there pressure boilers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any other objects or equipment that require state inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

BONDS Yes No

Name Schedule Bond Position Schedule Bond

Name or Position Amount of Coverage Faithful Performance?

- Commercial Blanket Bond
Amount of coverage: _____
How many people regularly handle money? _____
- Public Employee Blanket Bond
Amount of coverage: _____
How many people regularly handle money? _____
Is faithful performance coverage desired? _____
- Blanket Bond with Specific Excess (complete applicable sections above)
- Surety Bond
Describe: _____

GENERAL LIABILITY

Yes No

Limits desired \$300,000 occ./\$1,000,000 agg. \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
 \$5,000 Medical Payments \$10,000 Medical Payments

Loc.1 Loc.2

Total area of building (include all floors) _____

Do you own any watercraft? Yes No
 If yes, how many? _____ Horsepower? _____

Does the organization sell alcoholic beverages either year-round or at special events? Yes No
 (If yes, give details in the space below.)

Do all areas of public assembly have emergency lighting? Yes No N/A

Do you provide emergency medical services? Yes No

If yes, please provide the following. Otherwise, go to Portable Equipment.

Highest level of service provided is:

- First responder
- Basic life support
- Advanced life support

Indicate the medical training of the insured's personnel by accounting for all employees and volunteers in the chart below. Count each person only once, at their highest level of training.

| | Full-Time Employees | Part-Time Employees | Volunteers (include paid per call) |
|---|------------------------|------------------------|--|
| • CPR | # | # | # |
| • First Responders | # | # | # |
| • EMTs who do not administer IVs or perform endotracheal intubations | # | # | # |
| • EMTs who administer IVs or perform endotracheal intubations | # | # | # |
| • Paramedics | # | # | # |
| • Nurses (LPN or RN) | # | # | # |
| • Others | # | # | # |
| • Total (must equal the total number of active volunteers/employees shown in General Information on page 2) | # | # | # |

Are any of your services reimbursed by Medicare or Medicaid? Yes No

If Yes, what percentage of your revenue comes from each:

Medicare _____ %
 Medicaid/Medical Assistance _____ %
 Insurance Companies _____ %
 Individuals _____ %

PORTABLE EQUIPMENT Yes No

Do you desire Blanket Scheduled Blanket and Scheduled

Choose a deductible: \$100 \$250 (standard) \$500 \$1,000

If Scheduled, please provide the following for each item insured. A separate schedule must be submitted. A "Portable Equipment Inventory Schedule" is available for this purpose

| Item Number | Description | Serial Number | Unit Value | Quantity |
|-------------|-------------|---------------|------------|----------|
|-------------|-------------|---------------|------------|----------|

Boats having motors in excess of 100 horsepower must be scheduled if physical damage (hull) coverage is desired. Other boats are included automatically under blanket coverage.

If Blanket, you must complete the "Vehicle Class" column on the vehicle schedule. Account for all vehicles owned by the organization or furnished to the organization for regular use. Use the codes defined at the bottom of the vehicle schedule.

MANAGEMENT LIABILITY Yes No

LIMITS DESIRED: \$300,000 each wrongful act/\$1,000,000 aggregate
 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000

Does the applicant have knowledge of any incidents which would cause a reasonable person to believe that a claim or suit might result? Yes No

If Yes, please give complete details, including date:

Do you have a personnel (human resources) administrator? Yes No

Do you have written policies and procedures covering the following areas?

- | | | |
|------------------------------------|------------------------------|--|
| Hiring/Applying for Membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dismissal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discrimination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harrassment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discipline | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Promotions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Employee/Volunteer Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Performance Evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |

NOTE: Coverage is written on a "claims made" basis.

AUTOMOBILE Yes No

Limits Desired (Combined Single Limit): \$300,000 \$500,000 \$1,000,000

Uninsured/Underinsured Motorist Limit: _____

Deductibles Desired: Comprehensive Full Coverage \$50 \$100 \$200 (available on private passenger only) \$250 \$500 \$1,000
 Collision \$100 \$200 (available on private passenger only) \$250 \$500 \$1,000

Medical Payments Limit: _____ PIP Limit: _____ Rental Reimbursement on Ambulance(s)? Yes No

VEHICLE SCHEDULE (NOTE: If you wish to insure portable equipment carried on a vehicle you do not own, include the vehicle in the schedule below but indicate "P.E. ONLY.")

| VEH NO | YEAR | MAKE | DESCRIPTION (MODEL/TYPE) | VEHICLE CLASS (SEE BELOW) | SERIAL NO. (VIN) | GVW | AGREED VALUE | TERR |
|--------|------|------|--------------------------|---------------------------|------------------|--------|--------------|------|
| 1 | 1975 | Mack | 1000 GPM Pumper | PR | 1FDKE10L2DHB167 | 40,000 | \$125,000 | 3 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Loss Payee/Add'l. Insured for vehicle # ____ (give name and complete address): _____

Have any vehicles been converted from a previous use (oil tankers, military vehicles, delivery vans, etc.)? Yes No (If yes, indicate vehicle #s ____)

If yes to the above, is there a water tank on the vehicle? Yes No

Note: Aid in establishing Agreed Value:

All emergency apparatus may be written with an agreed value up to today's replacement cost. While you may not wish to insure all vehicles to their full replacement cost, care should be exercised in establishing the agreed value, making sure that it is at least equal to the "actual cash value" of the vehicle. Even though no deduction is made for depreciation in the settlement of a loss, you will never receive more than the agreed value.

VEHICLE CLASSES

| | | | | | | | | | |
|------|---------------------------------|------|--------------------------------|-----|---------------------------------|------|---|-----|------------------------|
| PR | Pumper (regular) | BV | Brush Vehicle | RTH | Heavy Rescue Truck | ANTQ | Antique | CAF | Chemical and Foam Unit |
| PLDH | Pumper with large diameter hose | AD | Aerial Device | ALS | Advanced Life Support Ambulance | SNOW | Snowmobile | AC | Air Cascade Unit |
| T | Tanker | QR | Quint (regular) | BLS | Basic Life Support Ambulance | TRL | Trailer | S | Salvage Truck |
| PT | Pumper/Tanker | QLDH | Quint with large diameter hose | FR | First Responder Vehicle | SERV | Non emergency vehicle (give "original cost new" in the "agreed value" column) | PPT | Chief's car |
| MP | Mini - Pumper | RTL | Light Rescue Truck | | | | | | |

UMBRELLA (EXCESS) LIABILITY

Yes

No

Note: Underlying limits of \$1,000,000 are required. The maximum limit available for umbrella/excess policies is \$10,000,000.
Indicate limit desired: _____

WRAP-UP INFORMATION

Any special information the underwriter should know?

Name of producing agency _____

Producer address _____

Producer telephone () _____

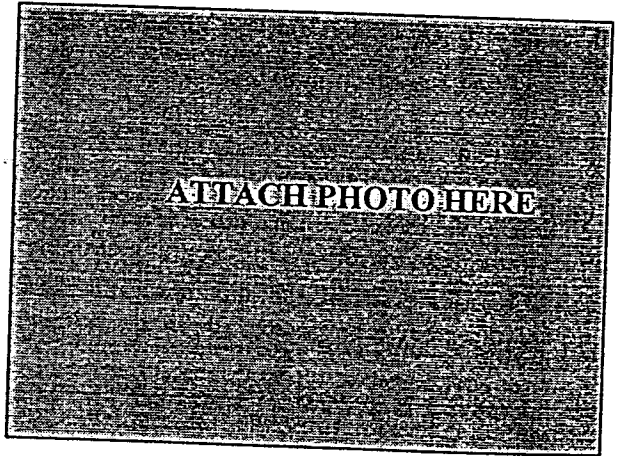
Producer fax () _____

Producer's broker license number _____

If you are not licensed as a broker, are you a property/casualty agent? Yes No

Name of individual producer (for contact purposes) _____

Name of C.S.R. (if any) (for contact purposes) _____



Insured's Signature: _____

Title: _____

Date: _____

Producer's Signature: _____

Date: _____

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