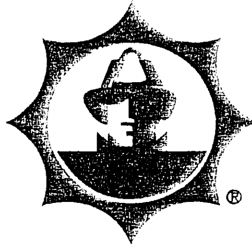

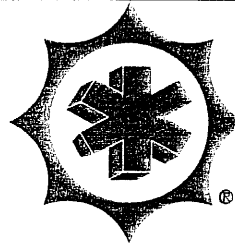

APPLICATION

TODAY'S DATE:	CARRIER CONTINENTAL WESTERN	UNDERWRITER
DATE NEEDED:		
PROPOSED EFFECTIVE DATE:		
SPECIAL INSTRUCTIONS:		

INDICATE COVERAGE TO QUOTE:

- ☐ Building & Contents
- ☐ Portable Fire/EMS Equipment
- ☐ Other Inland Marine
- ☐ Public & Professional Liability
- ☐ Apparatus, Fire Service Vehicles & Ambulance

Submit ACORD Application
☐ Umbrella - If limits over $5 million/$10 million desired

APPLICANT INFORMATION:

NAME: (First Named Insured):

Mailing Address of First Named Insured:

Other Named Insureds:

Fire Chief/EMS Administrator:	Governing Board Contact Person:
Name:	Name:
Phone: ( ) FAX: ( )	Phone: ( ) FAX: ( )

TYPE OF ORGANIZATION: ☐ Fire Department only ☐ Fire & EMS Combined ☐ EMS only

How is your Emergency Response Organization authorized to operate?

☐ Municipal/City owned and controlled
☐ County owned and controlled
☐ Independent, such as ☐ Non-Profit Corp. ☐ Township ☐ Fire/EMS District ☐ Other (describe)

Total Number of Employees/Volunteers:

Full-time paid (35 + hrs/wk)_______ Part-time paid (less than 35 hr/wk)______ Non-paid Volunteers_________

STATE DIRECTOR:		LOCAL AGENT (Name, Address, Phone #)	
Applicant Signature Required		Local Agent Signature Required	

Insured: ____________________

CURRENT INSURANCE COMPANY, COVERAGE AND PREMIUMS:

X – Coverage Presently Insured	Name Of Insurer	Annual Premium
☐ Property (Building & Contents)		$
☐ Portable Equipment & Other Inland Marine		$
☐ Commercial General & EMS Liability Limit of Liability ________		$
☐ Management Liability ☐ Occurrence ☐ Claims-made Limit of Liability ________		$
☐ Automobile Limit of Liability ________ Comp ded ______ Coll ded ______		$
☐ Umbrella/Excess Liability Limit of Liability ________		$
TOTAL PREMIUM		$

LOSS HISTORY:

ENTER ALL CLAIMS OTHER THAN WORKERS COMP FOR 5 PRIOR YEARS OR ATTACH LOSS RUNS ☐ CHECK HERE IF NONE

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED

ADDITIONAL INTERESTS:

PROPERTY INTERESTS	LIABILITY INTERESTS
1. Type of Interest:	1. Type of Interest:
Item of Interest:	Item of Interest:
Name:	Name:
Address:	Address:
City, ST ZIP	City, ST ZIP
2. Type of Interest:	2. Type of Interest:
Item of Interest:	Item of Interest:
Name:	Name:
Address:	Address:
City, ST ZIP	City, ST ZIP
3. Type of Interest:	3. Type of Interest:
Item of Interest:	Item of Interest:
Name:	Name:
Address:	Address:
City, ST ZIP	City, ST ZIP

Note: For Automobile Additional Interests - see page 7

Insured: ______________________________

BUILDING AND CONTENTS:

Location 1

Street Address or Legal Description:

County	City	State	ZIP Code

Building Amount	Contents Amount	Coinsurance %	Deductible	Valuation ☐ Replacement Cost ☐ Actual Cash Value ☐ Guaranteed Building Replacement Cost *

Prot. Class	# of Stories	Year Built	Basement Yes/No	Total Sq. Ft. Area	Occupancy (If more than one, show % of each)

Construction Type:

☐ Frame/Wood Combustible ☐ Joisted Masonry Masonry ☐ Non-Comb. Pre Engineered Metal ☐ Masonry Non-Comb. Steel Frame ☐ Modified Fire Resistive Protected Steel Frame ☐ Fire Resistive Reinf. Concrete Frame

Fire Protection Systems ☐ Yes ☐ No

Sprinkler System _____% | Fire Alarm _____% | Smoke/Heat Detector _____% | Automatic Ext. System (Kitchen) _____%

Year Installed

Plumbing ________ | Heating/AC System ________ | Wiring ________ | Pressure Boiler ________

Location 2

Street Address or Legal Description:

County	City	State	ZIP Code

Building Amount	Contents Amount	Coinsurance %	Deductible	Valuation ☐ Replacement Cost ☐ Actual Cash Value ☐ Guaranteed Building Replacement Cost *

Prot. Class	# of Stories	Year Built	Basement Yes/No	Total Sq. Ft. Area	Occupancy (If more than one, show % of each)

Construction Type:

☐ Frame/Wood Combustible ☐ Joisted Masonry Masonry ☐ Non-Comb. Pre Engineered Metal ☐ Masonry Non-Comb. Steel Frame ☐ Modified Fire Resistive Protected Steel Frame ☐ Fire Resistive Reinf. Concrete Frame

Fire Protection Systems ☐ Yes ☐ No

Sprinkler System _____% | Fire Alarm _____% | Smoke/Heat Detector _____% | Automatic Ext. System (Kitchen) _____%

Year Installed

Plumbing ________ | Heating/AC System ________ | Wiring ________ | Pressure Boiler ________

See page 4 for locations 3, 4 and 5. If more than 5 locations copy page 4 and attach.

ADDITIONAL COVERAGES:

Additional Property Limits (Optional)	Provided	Increase To:
Employee Dishonesty	$10,000	
Sewer, Drain or Sump Backup	$25,000	
Accounts Receivable	$25,000	
Money and Securities	$10,000	
Outdoor Signs, Computers, Software, Telephone Systems	$50,000	
Valuable Papers & Records - Cost of Research	$50,000	

Flood & Earthquake Coverage (Optional)

$500,000 per occurrence limit, $1,000 per occurrence deductible

☐ Flood ☐ Earthquake ☐ Both Flood & Earthquake ☐ Neither

*Guaranteed Building Replacement Cost: (See valuation box above):

To provide this coverage, you must complete a Boeckh information form and send 1 picture of front/one side and 1 picture of back/other side of the building. Form can be obtained from your State Director.

Location 3

Street Address or Legal Description:

County	City	State	ZIP Code

Building Amount	Contents Amount	Coinsurance %	Deductible	Valuation ☐ Replacement Cost ☐ Actual Cash Value ☐ Guaranteed Building Replacement Cost *

Prot. Class	# of Stories	Year Built	Basement Yes/No	Total Sq. Ft. Area	Occupancy (If more than one, show % of each)

Construction Type:
☐ Frame/Wood Combustible ☐ Joisted Masonry Masonry ☐ Non-Comb. Pre Engineered Metal ☐ Masonry Non-Comb. Steel Frame ☐ Modified Fire Resistive Protected Steel Frame ☐ Fire Resistive Reinf. Concrete Frame

Fire Protection Systems ☐ Yes ☐ No

Sprinkler System ____ % | Fire Alarm ____ % | Smoke/Heat Detector ____ % | Automatic Ext. System (Kitchen) ____ %

Year Installed
Plumbing ____ | Heating/AC System ____ | Wiring ____ | Pressure Boiler ____

Location 4

Street Address or Legal Description:

County	City	State	ZIP Code

Building Amount	Contents Amount	Coinsurance %	Deductible	Valuation ☐ Replacement Cost ☐ Actual Cash Value ☐ Guaranteed Building Replacement Cost *

Prot. Class	# of Stories	Year Built	Basement Yes/No	Total Sq. Ft. Area	Occupancy (If more than one, show % of each)

Construction Type:
☐ Frame/Wood Combustible ☐ Joisted Masonry Masonry ☐ Non-Comb. Pre Engineered Metal ☐ Masonry Non-Comb. Steel Frame ☐ Modified Fire Resistive Protected Steel Frame ☐ Fire Resistive Reinf. Concrete Frame

Fire Protection Systems ☐ Yes ☐ No

Sprinkler System ____ % | Fire Alarm ____ % | Smoke/Heat Detector ____ % | Automatic Ext. System (Kitchen) ____ %

Year Installed
Plumbing ____ | Heating/AC System ____ | Wiring ____ | Pressure Boiler ____

Location 5

Street Address or Legal Description:

County	City	State	ZIP Code

Building Amount	Contents Amount	Coinsurance %	Deductible	Valuation ☐ Replacement Cost ☐ Actual Cash Value ☐ Guaranteed Building Replacement Cost *

Prot. Class	# of Stories	Year Built	Basement Yes/No	Total Sq. Ft. Area	Occupancy (If more than one, show % of each)

Construction Type:
☐ Frame/Wood Combustible ☐ Joisted Masonry Masonry ☐ Non-Comb. Pre Engineered Metal ☐ Masonry Non-Comb. Steel Frame ☐ Modified Fire Resistive Protected Steel Frame ☐ Fire Resistive Reinf. Concrete Frame

Fire Protection Systems ☐ Yes ☐ No

Sprinkler System ____ % | Fire Alarm ____ % | Smoke/Heat Detector ____ % | Automatic Ext. System (Kitchen) ____ %

Year Installed
Plumbing ____ | Heating/AC System ____ | Wiring ____ | Pressure Boiler ____

Insured: ______________________________

INLAND MARINE COVERAGE PART:

Please provide REPLACEMENT COST VALUES for all equipment/items to be insured:

PORTABLE EQUIPMENT: Defined as "All Firefighting and/or Emergency Medical Equipment and gear not permanently attached to buildings or vehicles".

Deductible Per One Occurrence: ☐ 100 ☐ 250 ☐ 500 ☐ 1000

(1) Value Carried On Each Vehicle

Same As Vehicle # Shown on Page 6	Equipment Value Per Vehicle
1	$
2	$
3	$
4	$
5	$
6	$
7	$
8	$
9	$
10	$

Total of (1)	$
(2) Pagers, Base Radio, Communications & Electronic Gear	$
(3) Individual "Turnout/Breakout Gear"	$
(4) All other remaining items not in 1, 2, or 3 above	$
(5) EMS Medical Equipment [if not shown in # (1) above]	$
EQUIPMENT GRAND TOTAL	$

If more than 10 vehicles, copy this page and attach.

OTHER ITEMS

DESCRIPTION	LOCATION: Street Address/Legal Description, City, ST	Ded	Repl Cost Value
Radio Tower		$	$
Antenna & Accessories		$	$
Outdoor Bell		$	$
Siren		$	$

Computer Coverage	Hardware Manufacturer	Model	Ded	Repl Cost Value
			$	$

Other (Describe)	Complete Description, Serial #, Etc.	Ded	Repl Cost Value
		$	$
			$

Watercraft:

	Year	Make/Model	Length/HP	Serial #	Insured Replacement Value
Hull					$
Motor					$
Trailer					$
Equipment					$

Deductible Per One Occurrence: ☐ 100 ☐ 250 ☐ 500 ☐ 1000

Snowmobile:

	Year	Make/Model	Length/HP	Serial #	Insured Replacement Value
Snowmobile					$
Trailer					$
Equipment (Detachable items including sleds)					$

Deductible Per One Occurrence: ☐ 100 ☐ 250 ☐ 500 ☐ 1000

All Terrain Vehicle:

	Year	Make/Model	Length/HP	Serial #	Insured Replacement Value
ATV					$
Trailer					$
Equipment (Detachable items including sleds)					$

Deductible Per One Occurrence: ☐ 100 ☐ 250 ☐ 500 ☐ 1000

Insured:________________________________

PUBLIC AND PROFESSIONAL LIABILITY:

1. Limit of Liability $____________________ each occurrence $____________________ aggregate.
2. Population served by your organization on a first alarm basis (not mutual aid) ____________________.
3. Total sq. footage of buildings not rented to others __________. Total sq. footage of buildings rented to others ________
4. Are your employees/volunteers covered for Workers' Compensation Insurance? ☐ Yes ☐ No
5. Does your organization maintain formal education and training programs? ☐ Yes ☐ No.
6. **Emergency Medical Services**
   COLUMN "A" is for the OPERATING ENTITY, NOT the individual rostered members. Please mark (X) in Column "A" at the Certification Level your Operating Entity has been awarded by your state certification authority. For COLUMN "B" provide the "Number" of rostered members who are Certified in each of the E.M.S. categories. Count each individual only once, at their highest E.M.S. individual certification level.

A	B		A	B		A	B	
		CPR			Crash Injury Mgt. Tech			EMT – D
		First Responder			First Responder - Defib.			EMB – Basic
		Emergency Rescue Tech			First Responder - Advanced			EMT – Intermediate
					EMT – A			EMT – Paramedic

7. **Management Liability Prior Acts (Optional)** ☐ Yes ☐ No

If yes, indicate number of years prior – 1, 2, 3, 4 or 5 (circle one). Do you have knowledge of any "wrongful act" claim or any incident that could reasonably result in a "wrongful act" claim. ☐ Yes ☐ No. If yes, describe fully on a separate sheet.

8. **Employers Liability – Stop Gap (Optional)**

If the insured purchases their Workers' Compensation from a state fund that does not provide Employers Liability Coverage, we can provide this coverage. Do you need this coverage? ☐ Yes ☐ No. If yes, specify Limits of Liability ________/________/________. (Each Employee/Each Accident/Aggregate Disease).

9. **Employment Practices Liability (Optional)**

Do you want this coverage? ☐ Yes ☐ No If yes, what limit of liability $________________________

You must submit CW 1694 EPL Supplemental Application.

10. **Liquor Liability (Optional)**

Will you have any situation where you furnish alcoholic beverages for a charge or where a liquor license or permit is required? ☐ Yes ☐ No If yes, do you want Liquor Liability Coverage ☐ Yes ☐ No

11. **Fund Raising – Sponsored Events**
    Our liability policy does not cover certain fund raising or sponsored events unless they are specifically added to the policy and a premium charged. We will insure the following events for an additional premium. You must include a supplemental surveys for each event. These surveys can be obtained from your state director.

Event	# of times held annually	Event	# of times held annually
Archery Contest		Haunted House	
Carnival		Horse Pull	
Circus		Ice Bowling	
Concert		Lumberjack Contests	
Fair		Motorized Land Vehicle Events	
Festival		Rodeo	
Fireworks Display (Sponsor Only)		Watercraft	
Fireworks Display (Detonation) Cost of Fireworks____________		Other (Describe)	

Insured: ______________________________

APPARATUS, FIRE SERVICE VEHICLES AND AMBULANCE:

1. Limit of Liability $____________________ Each Occurrence
2. Medical Payments $____________________ Each Person
3. ISO Auto Territory Number ______________
4. Do you operate an ambulance? ☐ Yes ☐ No
5. Comprehensive Deductible ☐ 100 ☐ 250 ☐ 500 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (Circle vehicles to be covered)
6. Collision Deductible ☐ 100 ☐ 250 ☐ 500 ☐ 1000 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (Circle vehicles to be covered)
7. Vehicle Inflation Increase per quarter _____%.

VEHICLE/TRAILER SCHEDULE				SEE GUIDE PAGE 8		
UNIT	YEAR	CHASSIS MAKE	FIRE: PROVIDE APPARATUS MAKE/GALLONS. AMBULANCE: MODULAR (REAR BOX) MFG. VIN – SERIAL NUMBER	[1] INSURABLE VALUE	[2] AGREED VALUE	[3] USE CODE
EXAMPLE	95	CHEV	HOWE 1000 GPM PUMPER 4BX107890CTM425	$123,000	R	1
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

If more than 10 vehicles, copy this form and attach.

Provide Full & Complete Information For:

☐ Loss Payee ☐ Additional Insured

Vehicle Unit #____________________

Name: ____________________

Address: ____________________

City: State: ZIP:

Provide Full & Complete Information For:

☐ Loss Payee ☐ Additional Insured

Vehicle Unit #____________________

Name: ____________________

Address: ____________________

City: State ZIP

Insured:______________________________

GUIDE FOR APPARATUS, FIRE SERVICE VEHICLES & AMBULANCE:

(1) INSURABLE $ VALUE

We insure on an "Agreed Value" basis. The insured will provide insurable values to us, therefore, we agree with these values as correct. **NOTE:** Do **NOT** include Portable FIRE/EMS Equipment in the value of any vehicle. Such equipment is not part of a vehicle.

$ Value — Any vehicle/apparatus may have a "Designated Value" (DV) as the insurable value. This non-depreciation insurable value must be determined by the insured and will include permanently attached equipment and improvements.

$ Value — Optional: Vehicles/apparatus under 21 years of age, the insurable value may be the current "Replacement Cost Value-New Today" (RCV). Once insured at RCV the unit will stay at RCV. At coverage inception the RCV must be confirmed by a manufacturer or authorized Fire or EMS official. RCV should be continuously evaluated by the insured.

(2) AGREED VALUE CODE:

R = Replacement Cost Value-New Today — DV = Designated Value

(3) USE CODE

Numeric or Numeric Alpha code to describe the unit and its use.

CODE	DESCRIPTION
1	PUMPER: Firefighting apparatus per N.F.P.A. 1901.
1A	AERIAL LADDER TRUCK: Apparatus with or without pump.
1M	MINI PUMPER: Booster or Class A Pump.
2	TANKER: Water carrier, with or without pump.
2T	Same as #2, but a Tractor-Trailer unit.
3	EQUIPMENT/PERSONNEL CARRIER: Truck, step-van, station wagon, pick-up, etc.
3B	EQUIPMENT/PERSONNEL CARRIER: Converted bus or similar vehicle.
4	RESCUE TRUCK: Any equipment, lights, personal carrier.
5A	Ambulance (Advanced Life Support): ALS Ambulance is designed to transport or support a transport vehicle with specialized medical equipment as specified by a governing authority. Examples of such equipment could be, but not limited to: BLS equipment, intravenous equipment, cardiac monitoring equipment, telemetry communicating equipment, drug boxes, trauma kits, shock suits, etc. normally used by Nurses, EMT's and Paramedics (dependent upon certification regulations of your governing authority).
5B	Ambulance (Basic Life Support): BLS Ambulance is designed to transport patients/victims and equipped as specified by a governing authority. Examples of equipment carried could be; resuscitation devices, oxygen therapy devices, suction equipment, splints, first aid supplies etc.
6	ANTIQUE: Vehicle used for display or in parades.
7	BRUSH: Off the road unit used to control brush/ground fires.
8	PRIVATE PASSENGER:
9	TRAILER: Except for 2T above, any non-motorized unit for any use.
10	OTHER: Describe here: ______________________________