



General Information

Date of survey: _____ Insurance Renewal Date: _____

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

FEIN: _____

Mailing Address: _____

County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Business Information

Which best describes the organization (please check one):

- Fire Suppression only (no EMS)
 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 Organization
 Other (please describe): _____

If a municipal, village or town department, is the organization a separate legal entity? Yes No

Population served on a first-call basis: _____ Years in operation: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If so, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If Yes, please indicate Agency Name: _____

Emergency Service Organization Survey

Excess Flood and Earthquake Coverage (Continued)

Please indicate amounts of NFIP coverage **currently** carried at each such location:

Loc. No.	NFIP Coverage
1.	
2.	
3.	
4.	
5.	

Additional Flood and Earthquake Information

Please describe any flood / earthquake-resistant construction features: _____

General Liability

Current Limits of Liability: \$ _____ Occurrence

\$ _____ Aggregate

Desired coverage:

- Limits of Liability (Occurrence Form Only):
- \$ 500,000 Each Occurrence/\$1,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$2,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$3,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$10,000,000 Aggregate

* Depending on the type of organization (i.e. Associations, Dispatch Centers, etc.) ESIP may not be able to offer a \$10,000,000 aggregate

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.				
	1	2	3	4	5
Fire Department (including garage areas)					
Ambulance/Rescue Squad (including garage areas)					
Social Hall					
Other (please describe)					
•					
•					
TOTAL					

Emergency Service Organization Survey

Fellow Member Coverage

Does the insured currently carry Employers Liability insurance? Yes No

Are all volunteers and paid staff covered by Employers Liability insurance? Yes No

If yes, name of Employers Liability carrier: _____

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

If yes, name of Accident & Health carrier: _____

Operations

_____ Annual number of fire calls

_____ Annual number of Medical or Rescue calls

_____ 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
 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

Contracts

Does the organization hire subcontractors? (i.e. Snow Removal, Landscaping) 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:

Work Performed _____ Cost \$ _____

Work Performed _____ Cost \$ _____

Emergency Service Organization Survey

Contracts (continued)

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: _____

Errors and Omissions / Emergency Service Liability

Type of coverage currently carried:

Occurrence Form

Claims-Made Form (if in New York, see page 14)

If **Claims-Made**, provide the following information:

Name of carrier: _____

Retroactive date: _____

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter?

Yes No

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging negligence in the rendering of or the failure to render professional services?

Yes No

If yes to either of these questions, please provide a description of the claim or suit including the name of the claimant, the date of the alleged incident, a description of the allegation, and the current status of the claim:

Does the organization and/or any of its members have knowledge of any matter(s) involving employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter which would cause a reasonable person to believe that a claim or suit might result?

Yes No

Does the organization and/or any of its members have knowledge of any matter(s) involving the rendering of or the failure to render professional services which would cause a reasonable person to believe that a claim or suit might result?

Yes No

If yes to either of these questions, please provide a description of the matter including the name of the potential claimant, the date of the alleged incident, and its current status:

Does the Company have a written Employment Practices handbook?

Yes No

Emergency Service Organization Survey

Errors and Omissions / Emergency Service Liability (continued)

Does the company have an Employee Benefits handbook? Yes No

Has any claim been made or suit filed against the company and/or its employees in the past five years alleging an error or omission in the administration* of your benefit programs? Yes No

If yes, please describe: _____

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result? Yes No

If yes, please describe: _____

* Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

Watercraft/Aircraft

Does the organization own any watercraft more than 26 feet in length? 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 survey.

Does the organization own any Aircraft? Yes No

Emergency Service Organization Survey

Other Activities / Community Events

Describe the fund-raising activities of the organization:

	Number of times Per year	Total Annual Receipts
Field Days / Carnivals		
Do you own or rent any Amusement Rides ? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the rides? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
If Owned, Do you rent any mechanically operated Amusement Rides to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are rides inspected after set-up prior to public use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, by whom?		
Do you own or rent any Live Animal Rides ? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
Do you provide Fireworks at the Field Days / Carnival? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is a certified pyrotechnic professional used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the individual or organization as an additional insured.		
Hall Rental		
Bingo		
Breakfasts / Dinners		
Sale of Smoke Alarms / Fire Extinguishers		
Motorized events (e.g. rodeos, musters)		
Other Activities Not outlined above:		

Liquor

Is alcohol consumed on your premises at any time throughout the year? Yes No

Is alcohol consumed away from your premises at any function held by you at any time throughout the year? Yes No

(i.e. Christmas Parties, banquets, meeting nights, etc.)

When	Where	Number of Times Per Year	Average Total Number of Attendees

If Yes, who provides the alcohol? _____

Who serves the alcohol? _____

Please describe procedures in place to manage and monitor consumption: _____

If alcohol is SOLD in any manner by or through your organization, please complete and attach a Liquor Supplement.

Emergency Service Organization Survey

Miscellaneous Liability

Does the organization perform fire code or building code inspections? Yes No

State or County Certified? Yes No

Describe the training requirements for code inspection personnel: _____

Does the organization sell subscriptions for service? Yes No

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

Does the organization have an Auxiliary or similar support group? Yes No

If yes, be certain to include the group as an insured on page 1 and include its activities in the answers to this survey.

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

If yes for either, please describe: _____

Does the organization have a Junior Firefighter, Cadet, or similar program? Yes No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

Emergency Service Organization Survey

Automobile Liability

Indicate the desired coverage below:

\$ _____ Auto Liability

\$ _____ Medical Payments

\$ _____ PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)

\$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ _____ Uninsured Motorists/ Underinsured Motorists B.I.

Stacking Non-Stacking (if applicable)

\$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques. Please indicate the desired deductible for these vehicles: \$500 \$1000 \$2500 \$5000 Other \$ _____

Please indicate the desired deductible for all private passenger type vehicles (PPT's):

Comprehensive \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____

Collision \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____

Is Automatic Increase coverage desired?

Yes No

If yes, by how much should the Agreed Values be increased each month? ¼% ½% ¾% 1%

Does the organization service any major metropolitan areas?

Yes No

If yes, please describe: _____

Does the organization check MVR's?

Yes - all members

Yes - drivers only

No

If yes, how often? _____

Please describe the driver training program currently being used: _____

What selection criteria are used to select new drivers? _____

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey?

Yes

No

If yes, please describe: _____

Emergency Service Organization Survey

Automobile Liability (continued)

In the below **Vehicle Schedule**

- show the year, make, model and type of vehicle. If uncertain as to type, select from 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;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey.
- DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).

Vehicle Types							
TKR	(Tanker or Tender)	LR	(Light Rescue-under 10,000 GVW)	PMP	(Pumper)	COM	(Command)
P-T	(Pumper-Tanker)	MR	(Medium Rescue-under 20,000 GVW)	M-P	(Mini-Pumper)	ANT	(Antique)
AER	(Aerial device-any type)	HR	(Heavy Rescue-over 20,000 GVW)	BT	(Brush Truck)	HAZ	(HazMat)
ALS	(Advanced Life Support)	BLS	(Basic Life Support Unit)	TRL	(Trailers)	AIR	(Air Cascade)
U/S	(Utility or Salvage)	PPT	(Private Passenger Type)	FOM	(Chemical Foam)		

Vehicle Schedule							
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL	Loc. No.
1.			\$	\$			
2.			\$	\$			
3.			\$	\$			
4.			\$	\$			
5.			\$	\$			
6.			\$	\$			
7.			\$	\$			
8.			\$	\$			
9.			\$	\$			
10.			\$	\$			
11.			\$	\$			
12.			\$	\$			
13.			\$	\$			
14.			\$	\$			
15.			\$	\$			

If there are any additional vehicles, please attach a Vehicle Schedule Supplement.

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy? Yes No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.



Emergency Service Organization Survey

Crime (continued)

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft? Yes No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service). Yes No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other? Yes No

Largest amount of petty cash kept on hand? \$ _____

During what months are the receipts the largest? _____

Is money ever stored in the building overnight? Yes No

If yes, amount and how stored: _____

All receipts are deposited in a bank within: 2 days 1 week Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"? Yes No

Do all checks require 2 signatures? Yes No

If No, do checks over a certain amount require 2 signatures? Yes No

To whom and how often is there a report of receipts and disbursements? _____

By whom and how often are the accounts examined? _____

When were the accounts last examined? _____

Fund Raising Events: Approximate maximum receipts per day: \$ _____

Are bank deposits made after each day of the event? Yes No

Is the depositor accompanied by an armed police officer? Yes No

Is the money stored at a member's house? Yes No

What is your annual revenue?: \$ _____

Umbrella and Excess Liability

Desired Limit of Insurance (maximum \$10 million): \$ _____
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$100,000 bodily injury by accident/\$100,000 bodily injury by disease/\$500,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ Annual Aggregate

*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.

Emergency Service Organization Survey

APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT

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.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Automobile: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Other Than Automobile: 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.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he 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.

APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING

WARNING: 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.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____

