

Fire/EMS PAK® SUPPLEMENT



State Director Name (If Applicable): _____

State Director Agent Number (If Applicable): _____

Originating Agent Name: _____

Originating Agent Code Number: _____

Form 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
 Non-Profit Corporation For Profit Corporation Township Fire/EMS District
 Other(describe): _____

Total Number of Members:

- Full-time Paid (35 or more hours per week) _____ Part time paid (less than 35 hours per week) _____
 Volunteers _____

FirePAK Property

All locations: If building limit is \$500,000 or more, complete a CoreLogic COMMERCIAL EXPRESS™ valuation and attach photos. Any building insured on a Guaranteed Replacement Cost basis requires photos of front, side, and back of the building, and a CoreLogic COMMERCIAL EXPRESS™ valuation.

Additional Coverages

Additional Property limits (Optional)	Provided	Increase To:
Accidental Discharge of Fire Protection Equipment	\$ 25,000	_____
Fine Arts at Market Value	\$ 50,000	_____
Ordinance or Law - Demolition and Increased Cost of Construction	\$ 300,000	_____
Employee Theft*	\$ 50,000	_____
Outdoor Property	\$ 300,000	_____
Computer Equipment including Electronic Data	\$ 250,000	_____

*If increased limits are desired for Employee Theft, please complete Acord 141 Crime Section 2000 application.

Indicate the reason for higher limits: _____

Other exposures:

Is there a hall/community meeting area in the fire station or a separate building? Yes No

If yes:

Provide the address(es): _____

Describe events and users: _____

Provide the square feet of area rented to the public: _____

How often is it rented? _____

Is there any grease laden cooking? Yes No If yes, is a UL fire suppression system utilized? Yes No

If Earthquake or Flood coverage is requested on the application, please complete questions below:

Is Earthquake coverage requested? Yes No Deductible: \$1,000 5% 10%

Is Flood coverage requested? Yes No Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 _____%

Note: Flood Coverage is limited to \$1,000,000 per policy and \$1,000,000 Annual Aggregate. (WI is limited to \$500,000.)

Has the property ever experienced flooding? Yes No If yes, when: _____ Amount of damage: \$ _____

Is the property protected by a levee? Yes No

Is there an evacuation plan in place to reduce or avoid property loss? Yes No

* For additional locations, please add additional copies of FirePAK property form.

FirePAK General Liability / Professional Liability

Operations

Population Served by Your Organization on a First Alarm Basis (not including mutual aid): _____

Population during tourist season if applicable: _____

Please enter the total number of annual calls for each operation of your entity:

Fire calls:	EMS calls:	Non-Emergency Transports:
Search & Rescue calls:	HazMat calls:	Controlled Burns:

Is there any sharing of services, property or vehicles with any other entity? Yes No

If yes, please describe: _____

Hold harmless agreements in place? Yes No

Are you or any of your members involved with Community Paramedicine Services? Yes No

Are there any other operations performed by the applicant? Yes No

If yes, please describe: _____

HazMat Calls (complete only if applicable)

What is your HazMat certification level? _____

Types of materials cleaned: _____

Describe your HazMat operations: _____

EMS Operations (complete if applicable)

Is a licensed physician utilized as your Medical/EMS Director? Yes No

Years of experience for: EMS Director/Manager: _____ EMS Medical Director: _____

Do you audit/review and document the work of all EMS Personnel? Yes No

Frequency of review: Weekly Monthly Annually

Do you take disciplinary action for EMS personnel not performing to required standards? Yes No

Do you have a maximum number or type of EMS violations that personnel may incur before corrective action is taken? Yes No

If yes, please describe: _____

Do you transport any imprisoned persons, inmates or detainees? Yes No

Do you transport any psychiatric persons? Yes No

Do you provide any transport greater than 100 miles? Yes No

If yes, please advise the number or percentage of long distance transport: _____

What certification level has your entity been awarded by your state? _____

Certification levels vary by state. Provide the number of rostered members for each EMS category (or their state equivalent titles). Count individuals only once, at their highest EMS individual certification level.

First Responder:	EMT Basic:
EMT Intermediate:	EMT Advanced Paramedic:

Search and Rescue Operations (complete if applicable)

Describe your of search and rescue operations: _____

Junior Firefighter or Cadet Program (complete if applicable)

Do you have a program? Yes No If yes, attach copy of cadet operating guidelines.

Number of participants? _____ Age range of participants? _____

What activities are participants limited to? _____

Do you require parents to sign waivers releasing your organization from liability and do the parents and minors understand the risks of your cadet program? Yes No

Do you require that all cadets are supervised? Yes No

Special Events:

Our liability policy does not cover certain fund raising or sponsored events unless they are specifically added to the policy. We will insure the following events (additional premium may apply).

Festival/Fair:	Fireworks Display (Sponsor Only):
Other:	Fireworks Display (Detonation):
Other:	Cost of Fireworks: \$

Bounce House/Amusement Rides are not eligible for coverage. Please advise if these exposures exist: Yes No

Liquor Liability (Optional Coverage)

Is Liquor Liability Coverage needed:

Yes No

Are you required to obtain a liquor license or permit to serve alcohol?

Yes No

Do you possess a current and valid liquor license or permit?

Yes No

Has your liquor license ever been suspended or revoked? If yes, explain: _____

Have you ever been cited for violations of a law/ordinance relating to the sale of alcohol?

Yes No

If yes, explain: _____

Have you incurred any claims for liquor liability during the past three years?

Yes No

If yes, explain: _____

Do you have a written alcohol service policy that is distributed to new and existing persons serving alcohol?

Yes No

Does the written alcohol service policy include guidance on how to monitor and recognize intoxication?

Yes No

Are alcohol servers required to sign and acknowledge that they have read, understand, and will comply with the alcohol policy?

Yes No

Is service delayed or discontinued for customers who show signs of approaching intoxication?

Yes No

Are transportation arrangements made for customers who appear to be impaired?

Yes No

Are servers required to ask for identification of all patrons who appear to be 35 years old or younger?

Yes No

Do you post signage clarifying intent to not serve underage patrons?

Yes No

Is service of alcohol refused to anyone unable to provide legal proof of age?

Yes No

Is alcohol being served in a controlled area to ensure serving to legally eligible patrons?

Yes No

Describe the event(s) alcohol is being provided for, including any entertainment:

If Cyber Liability is requested on the application, please complete the questions below:

Is Cyber Liability coverage requested?

Yes No

If yes, Limit \$_____ Note: If over \$200,000, an additional supplement will be required. Please advise underwriter.

Does the organization have current firewall software installed on their computer network?

Yes No

Does the organization have current anti-virus software installed on their computer network?

Yes No

Does the organization have a written privacy and security policy?

Yes No

Employers Liability – Stop Gap (Optional Coverage)

If the insured purchases their Workers' Compensation from a state fund that does not provide Employers Liability Coverage, we can provide this coverage.

Is Stop Gap coverage needed? Yes No State _____

If yes, specify Limits of Liability _____ / _____ / _____ (Each Employee/Each Accident/ Aggregate Disease)

Management Liability (Optional Coverage)

Each Wrongful Act Limit \$_____ Annual Aggregate Limit \$_____

Deductible \$1,000 \$2,500 \$5,000

Do you currently have Claims-Made Management Liability Coverage?

Yes No

Do you want Prior Acts Coverage?

Yes No

Does the entity have a written Policies and Procedures Manual for all its activities?

Yes No

Does the entity have legal counsel regularly review the manual?

Yes No

For the following questions, please explain any "Yes" answers in the space provided below.

Has your entity or any director/officer of your entity been the subject of or involved in any of the following in the last five (5) years:

Any disciplinary action, proceedings or charges by any regulatory agency or association?

Yes No

Any actual or alleged criminal, fraudulent or dishonest acts, errors or omissions?

Yes No

Any lawsuits relating to the operation of the entity?

Yes No

Does the applicant have knowledge of any incidents which would cause a person to believe that a claim or suit might result?

Yes No

Employment Practices Liability (Complete if Applicable)

Limit: \$ _____ Aggregate Limit: \$ _____

Retroactive Date if applicable: _____

Do you currently have Claims-Made Employment Practices Liability Coverage? Yes No

Deductible: \$2,500 \$5,000

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Volunteers
Number of Employees/Volunteers Now			
Number of Employees/Volunteers 1 Year Ago			
Number Terminated / Laid Off in last 12 months			
% of Employees/Volunteers with Dept. Less Than 12 Months			
% of Employees/Volunteers with Dept. More Than 5 Years			

- Do you use an employment application for all your job applicants? Yes No
- Do you secure references on job candidates? Yes No
- Do you have an Employment Handbook for all employees? Yes No
- Are all employees / volunteers required to sign a form that they have been provided with and reviewed a copy of the Employee handbook? Yes No
- Do you have a specific person that handles all personnel issues? Yes No
- Do you have job descriptions and expectations clearly written and utilized? Yes No
- Do you have a clearly written policy against discrimination? Yes No
- Is annual training conducted for all employees and/or volunteers? Yes No
- Do you have a clearly written policy against sexual harassment? Yes No
- Do you seek counsel from an attorney before terminating an employee/volunteer? Yes No
- Do you have a policy on giving references on former employees/volunteers to others? Yes No
- Are you aware of any fact, situation, or circumstance which may result in an Employment Practices Liability claim? Yes No
- Have there been any previous allegations or claims relating to employee termination, harassment, or discrimination? Yes No

Automobile

You must include and sign ACORD 61 (if applicable) and ACORD 137 (not the schedule) forms applicable to your state.

Note: \$1,000,000 is the maximum Uninsured/Underinsured limit we will write.

- Does your organization order and review MVR's for all members? Yes No
- Do you provide ongoing driver training to all new and current members?
How often? _____ Yes No
- Do you have standard operating guidelines requiring all members to comply with all motor vehicle laws while responding to calls or conducting operations for your entity? Yes No
- Do you have standard operating guidelines stating that all members cannot drive or conduct any operations for your entity if under the influence of alcohol or drugs? Yes No
- Are any active drivers on your roster under the age of 25 or over the age of 70? Yes No
If yes, please provide driver information for each (Name, D.O.B., License Number):

Do you conduct monthly inspections of all vehicles tires to determine proper condition or need of replacement? Yes No
NFWA 1911 requires inspection and that all tires must be replaced every seven years.

Does your organization repair the vehicles of others? Yes No
If yes, please answer:

Types of vehicles repaired? _____

Values of vehicles repaired? _____

Are any vehicles provided for the personal use of any member of the organization? Yes No

If yes, please identify the vehicle and the name of individual to whom it is furnished:

Are any vehicles on loan from forestry service or other governmental agencies? Yes No

If yes, please identify vehicle(s): _____

Is primary liability coverage for member's personally owned and hired vehicles requested? Yes No

GUIDE FOR APPARATUS, FIRE SERVICE VEHICLES & AMBULANCE

1) INSURABLE DOLLAR VALUES

We insure physical damage for vehicles on either an Actual Cash Value basis (ACV) or a Designated Value (DV) basis. Vehicles that are standard production vehicles such as private passenger cars, pickups, vans and sport utility vehicles will be insured on an ACV basis and you need to tell us the cost new of the vehicle and the 17-digit VIN. If insured on a DV basis, you need to tell us the value that you want to insure on the vehicle.

Other special fire service and EMS vehicles should be insured on a DV basis. You must determine the DV that you want to insure on the vehicle. The DV you decide should be somewhere between the ACV of the vehicle and the cost to replace the vehicle with a new one.

You should choose the DV for each vehicle very carefully. Remember, in case of a loss, most vehicles are repaired, not replaced. However, if the repair cost of a vehicle exceeds 75% of the DV you have chosen, you have the option to not repair and to get another vehicle. The payment for a new vehicle is limited to the DV you have chosen.

Things to consider for DV:

1. The age of the vehicle.
2. The Actual Cash Value and Replacement Cost of the vehicle. Include the value of any permanently installed equipment, such as a loading system (excluding gurneys and cots).
3. What do you want or need to get back if that vehicle has to be replaced?
4. Remember, the higher the DV the more you will pay in insurance premiums and the less likely it is that you will reach the 75% repair cost threshold needed to replace the vehicle.

(2) VALUE CODE

CN = Cost New 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, pickup, etc. with permanently attached specialized Fire/EMS equipment (other than lights and sirens)
3b	EQUIPMENT/PERSONNEL CARRIER: Converted bus or similar vehicle, with permanently attached specialized Fire/EMS equipment (other than lights, sirens)
4A	RESCUE TRUCK: Heavy
4B	RESCUE TRUCK: Light
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. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Examples of equipment carried could be: resuscitation devices, oxygen therapy devices, suction equipment, splints, first aid supplies, etc.
6	ANTIQUA: Vehicle used for display or in parades
7	BRUSH: Off the road unit used to control brush/ground fire
8	PRIVATE PASSENGER: Autos, Pickups, Vans, SUV's, without permanently attached specialized Fire/EMS equipment
9	TRAILER: Except for 2T above, any non-motorized unit for any use
10	OTHER: Describe here:

Inland Marine Coverage Part

Deductible Per One Occurrence: \$500 \$1,000 \$2,500 \$5,000

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

Equipment Value Per Vehicle
(Same vehicle # as shown on page 8)

1: \$ _____	(1) Sum of Equipment Value Per Vehicle	\$ _____
2: \$ _____	(2) Pagers, Base Radio, Communications & Electronic Gear	\$ _____
3: \$ _____	(3) Individual "Turnout/Breakout Gear"	\$ _____
4: \$ _____	(4) All other remaining items not in 1,2 or 3 above	\$ _____
5: \$ _____	(5) EMS Medical Equipment if not shown in 1 above	\$ _____
6: \$ _____	Equipment Grand Total	\$ _____
7: \$ _____	If more than 10 vehicles, copy this page and attach.	
8: \$ _____		
9: \$ _____		
10: \$ _____		