



Date of survey: _____ Insurance Renewal Date: _____

Name of Organization: _____

Mailing Address: _____

_____ County: _____

Total Population Served on a First Call Basis: _____

Total number of emergency responses in the past twelve months (excluding Mutual Aid) - Please supply a call-log if available:

Total Fire _____ Total Rescue _____ Total EMS _____

Does the organization service a major highway? Yes No

If yes, approximately how many of the above rescue calls can be attributed to this service? _____

Does the organization service a resort area? Yes No

If yes, approximately how much does the population increase during peak season? _____

Total number of Volunteers, including Juniors and Auxiliary Members: _____

Total number of Career (Paid) Personnel: _____

Is coverage for Career (Paid) Personnel to be included in this proposal? Yes No

Are all Career (Paid) Personnel currently covered by Workers Compensation Insurance? Yes No

Are all Volunteers currently covered by Workers Compensation Insurance? Yes No

Is there a full-time Safety Officer (paid or volunteer)? Yes _____ No
(name)

Renewal Instructions: Renew with Current Benefits Make the following changes: _____

Is a renewal proposal required or should we just bind and issue? Bind & Issue Proposal Required

Date needed by: _____

PARTICIPATING ORGANIZATION SIGNATURE AND STATE FRAUD STATEMENTS

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 YORK - NEW YORK FRAUD STATEMENT

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.

THE UNDERSIGNED WARRANTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS DOCUMENT AND THAT THE INFORMATION PROVIDED IN THIS DOCUMENT, 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: _____

Agency Name: _____