

183 Leader Heights Road
P.O. Box 2726, York, PA 17405
800.233.1957 | Fax: 717.747.7022
VFIS.com



Return completed application to your
Regional Director or submissions@vfis.com

APPLICATION PROPERTY & CASUALTY / ACCIDENT & SICKNESS / BENEFITS

GENERAL INFORMATION

Date of Application:

Date Proposal Needed By:

Current Carrier:

Expiration Date:

Legal Name of Organization:

(List all legal entities and other organizations that are to be Named Insureds.)

Mailing Address:

Street or PO Box City County State Zip Code

FEIN:

Website:

Contact Information:

Primary:

First Name MI Last Name Phone Email

Inspection:

First Name MI Last Name Phone Email

What is your
Legal Status?

Independent Department / Not-for-Profit
For-Profit Organization

Municipally Owned
Tax District

Are you
Incorporated? Yes
No

What is your type
of Operation?

Fire Department / District
Fire Department / District with Ambulance
Ambulance Corps
Rescue Squad
Other (Describe:
* Call VFIS for assistance.

First Responder
Hospital EMS *
Relief Association
County / State Association *

Search & Rescue Team
911 Emergency Dispatch *
Training School *
Haz Mat Team *

What is the size of
your Organization?

Number of Paid Employees Full-Time:

Number of Paid Employees Part-Time:

Number of Volunteers:

Number of Publicly Elected (trustees, commissioners or directors):

Employees are considered Full time if regularly
scheduled 35 or more hours per week.

What is your
Estimated Response
Activity?

Fire and other non-medical runs:

Emergency medical or first responder medical runs:

Non-emergency transports:

Responses

Highest Level of
Service Provided?

Non-Medical (EMS assist)

BLS

ALS

Do you have
Workers'
Compensation?

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

REAL & PERSONAL PROPERTY

Yes

No

([Property Schedule Addendum](#) is available on website if there are more locations.)

Contents Coverage type desired: Scheduled Contents Blanket Contents Deductible desired: \$500 \$1,000 \$2,500 \$5,000
Optional Deductible if desired: \$500 \$1,000 \$2,500 \$5,000
Do you want VFIS to estimate the building value for you? Yes No (If yes, complete VFIS Building Valuation Form Supplemental Application at the end of the P&C application for each building.)

CONSTRUCTION CODES

1 Frame	3 Non-combustible	5 Modified Fire Resistive	7 Heavy Timber Joisted Masonry	9 Superior Masonry Non-combustible
2 Joisted Masonry	4 Masonry Non-combustible	6 Fire Resistive	8 Superior Non-combustible	

ROOF CODES (0 = Unknown)

Covering	1 Metal sheathing with exposed fasteners	3 Built-up roof or single-ply membrane WITH gutters	5 Concrete/clay tiles	7 Shingle - 55 mph wind rating	9 Shingle - 110 mph wind rating
	2 Metal sheathing with CONCEALED fasteners	4 Built-up roof or single-ply membrane WITHOUT gutters	6 Wood shakes	8 Shingle - 55 mph wind rating/Secondary Water Resistance (SWR)	10 Shingle - 110 mph wind rating/Secondary Water Resistance (SWR)
Geometry	1 Flat Roof WITH Parapets	3 Hip Roof with Slope <= 6:12 (26.5°)	5 Gable Roof with Slope <= 6:12 (26.5°)	7 Braced Gable Roof with Slope <= 6:12 (26.5°)	
	2 Flat Roof WITHOUT Parapets	4 Hip Roof with Slope > 6:12 (26.5°)	6 Gable Roof with Slope > 6:12 (26.5°)	8 Braced Gable Roof with Slope > 6:12 (26.5°)	
Anchors	1 Toe Nailing/No Anchorage	2 Clips	3 Single Wraps	4 Double Wraps	5 Structural

Premises #	Item #	Building Occupied as:	Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of towers, sirens and antennas with building.		Year Built	Electrical Age over 35 yrs Y/N	# Sq Feet	Construction Code	Protection Class	Sprinkler System Y/N	Occupied 24 hours Y/N	# Stories	Date of Last Inspection	Year of Mech System Updates	Year of Roof Updates	Roof Covering	Roof Geometry	Roof Anchors	Street Address City /State Zip / County	Insured's Identifier (How YOU refer to this PREMISES)
			Building	Contents																

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			Building	Contents																

Are there any structures you <u>don't</u> want to insure?	Premises #	Item #	Description of items not to be insured

Mortgagee
Name:
Street:
City:
State:
Zip:

Applies to Premises/Item #s:
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Mortgagee
Name:
Street:
City:
State:
Zip:

Applies to Premises/Item #s:
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Loss Payee
Name:
Street:
City:
State:
Zip:

Applies to Premises/Item #s:
/
Item Description:

GENERAL LIABILITY

Yes

No

What Limits and Coverage do you desire?	Each Occurrence	Aggregate		
	\$300,000 /	\$1,000,000	\$5,000	Medical Expense (standard)
	\$500,000 /	\$1,000,000	\$10,000	Medical Expense
	\$1,000,000 /	\$2,000,000		
	\$1,000,000 /	\$3,000,000		
	\$1,000,000 /	\$10,000,000	(aggregate limit does not apply to each Named Insured with this option)	

Line of Duty Accidental Death Benefit:	Yes	No	(not applicable in CA, NH, NY, OH, TX and VA)
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Do you conduct Fundraising or Social Activities?				
Carnivals	Number of days held annually:			
	Are rides operated by an amusement ride contractor?			Yes No
	If yes, does the contractor carry a minimum \$1 million in liability limits?			Yes No
	If yes, does the contractor name this applicant as an Additional Insured and provide them with a COI?			Yes No
Fireworks	Number of days held annually:		Fireworks are detonated by:	Qualified outside contractor Applicant
	If detonated by outside contractor, does the contractor carry at minimum \$1 million in liability limits?			Yes No
	If yes, does the contractor name this applicant as an Additional Insured and provide them with a COI?			Yes No
Conventions	Number of days held annually:			
Motorized Events (tractor pulls, mud bogs, etc.)	Type of event:			
	Number of days held annually:			
Bingo	Number of days held annually:			
Hall rentals	Number of days rented annually:			
	Written agreement signed by renter?	Yes	No	If yes, attach specimen copy.
	COI obtained if renter is other than an individual?	Yes	No	
Social Club	Square footage of club:			

Do you have Boats greater than 100 hp?	Number:	If physical damage coverage is desired please be sure to schedule under portable equipment. (do not include jet skis or wave runners)		
Do you have Liquor exposure?	Which of the following best describes the organization's use of alcoholic beverages?			
	The organization sells alcohol year-round (bar or club).			
	The organization sells alcohol at special events. Describe event(s):			
	Show annual gross receipts: \$			
Do you have Haz Mat exposure?	The organization prohibits alcohol on the premises and at sponsored function.			
	Does the organization permit alcohol on the premises or at sponsored functions, but not sell it?			Yes No
Do you have Above Ground Storage Tank exposure?	Do you have a specially organized hazardous materials response team as part of your organization?			Yes No
	If yes, provide # of calls:			
Do you have Pollution Class B Firefighting Foam exposure?	Do you own or are you responsible for any <u>above ground storage</u> tanks?			Yes No
	(If yes and coverage is desired, please complete Pollution Liability – Above Ground Storage Tanks Supplemental Application at the end of this P&C application. VFIS does not offer pollution liability coverage for underground storage tanks.)			
Do you have Pollution Class B Firefighting Foam exposure?	In your inventory, do you have any Class B foam?		Yes No	If yes, how many gallons?
	Is the foam labeled "Fluorine Free"?			Yes No
	If no, have these foam containers been isolated within a leak containment enclosure and removed from use (fire ground, training, etc.)?			Yes No
	Do you have a plan to properly dispose of this foam?			Yes No
Do you have Junior Firefighters?	If yes, when and how?			
	Do you sponsor a Junior Firefighter program (or explorer post)?			Yes No
	If yes, are criminal background checks done on leaders?			Yes No
Do you desire Employer's Liability Coverage?	If yes, do you have written rules stating that one leader should never be alone with a junior member?			Yes No
	If your Workers' Compensation coverage does <u>not</u> provide Employer's Liability, do you want Employer's Liability coverage as part of General Liability?			If yes, provide total annual payroll: \$
	Limits desired:	"Bodily Injury" by accident each accident	"Bodily injury" by disease policy limit	"Bodily injury" by disease each "employee" or volunteer

CRIME	Yes	No
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Do checks require at least two signatures?	Yes, in excess of \$			No		
Do purchases require the signed approval of two or more people?	Yes, in excess of \$			No		
Are bank accounts, credit card statements and vendor payments reconciled at least monthly?				Yes	No	
Are bank accounts and credit card statements reconciled by someone not authorized to deposit, withdraw or use the card?				Yes	No	
Are you aware of, or do you have knowledge of, any dishonest or criminal act committed by any of your members prior to the date of this questionnaire, whether committed during the course of their membership with you or otherwise?				Yes	No	
If yes, explain:						
Are financial records audited by outside parties?	Yes	No	If yes, how often?	Is the audit certified?	Yes	No

Note: If you are requesting a bond that exceeds \$4,000,000 in limits, please provide us with your most current financial statement.

Employee Dishonesty – Blanket (CBB) (for use with non-governmental entities)	Limit: \$	Public Employee Dishonesty – Blanket (for use with governmental entities)	Limit: \$
Faithful performance is not available for non-governmental entities. If specifically required in the organization's by-laws, constitution, or resolution, please provide copy.		Faithful Performance Coverage: Yes No	

Below, please indicate the entity to be covered by the Employee Dishonesty – Blanket (CBB) or Public Employee Dishonesty – Blanket (PEBB) bonds. If more entities are to be covered, please include additional information in the “Wrap-Up” section of this application.

Who are your Covered Entities?	Covered Entity for CBB or PEBB If more entities are to be covered, please include in the “Wrap-Up” section of this application.	Applies to:	
		CBB	PEBB

Employee Dishonesty - Position Schedule Bond					
Position	Number in Position	Covered Entity (if more than one)	Limit	Excess over Blanket Y/N	Faithful Performance (governmental entities only)
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Employee Dishonesty - Name Schedule Bond					
Name		Covered Entity (if more than one)	Limit	Excess over Blanket Y/N	Faithful Performance (governmental entities only)
					Yes No
					Yes No
					Yes No
					Yes No

Note: Forgery or Alteration, Computer Fraud and Identity Fraud Expense are coverage extensions that are only available if Employee Dishonesty coverage was requested.

Forgery or Alteration	Limit:	\$25,000	\$50,000	\$100,000	\$250,000	Other \$
Computer Fraud *	Limit:	\$25,000	\$50,000	\$100,000		
Identity Fraud Expense *	Limit:	\$25,000				

* \$10,000 limit is included automatically for any insured that purchases blanket employee dishonesty or blanket public employee dishonesty coverage of \$10,000 or more.

AUTO Yes No

([Vehicle Schedule Addendum](#) is available on website if there are more vehicles.)

What Coverages and Limits do you desire?	Liability Limit (Combined Single Limit):	\$300,000	\$500,000	\$1,000,000	Deductibles:					
	Uninsured/Underinsured Motorists Limit:				Comprehensive:	\$250	\$500	\$1,000	\$3,000	\$5,000
	PIP Limit:	Med Pay Limit:			Collision:	\$250	\$500	\$1,000	\$3,000	\$5,000
	Primary Liability coverage for members' personally owned and hired vehicles?	Yes	No		Optional Deductibles if desired:					
					Comprehensive:	\$250	\$500	\$1,000	\$3,000	\$5,000
					Collision:	\$250	\$500	\$1,000	\$3,000	\$5,000

VEHICLE CLASSIFICATION								
Ambulance	ATV	Bus 9-20 seats	Bus 61+ seats	Mobile Equipment	Motorhome	Service	Service Tractor	Trailer Over 2000 lbs.
Antique	Bus 1-8 seats	Bus 21-60 seats	Fire Truck	Motorcycle	PPT	Service Tow	Snowmobile	Trailer Under 2000 lbs.

VEHICLE PE CLASS CODES											
AC	Air Cascade Unit	BUS	Bus	MP	Mini Pumper	PT	Pumper/Tanker	S	Salvage Truck	TRL	Trailer
AD	Aerial Device	BV	Brush Vehicle	OTH	Other	QLDH	Quint with large diameter hose	SERV	Service Vehicle		
ALS	Advanced Life Support Ambulance	CF	Chemical and Foam Unit	PLDH	Pumper with large diameter hose	QR	Quint (regular)	SNOW	Snowmobile		
ANTQ	Antique	FR	First Responder Vehicle	PPT	Private Passenger	RTH	Heavy Rescue Truck	T	Tanker		
BLS	Basic Life Support Ambulance	HM	Hazardous Materials Vehicle	PR	Pumper (regular)	RTL	Light Rescue Truck	TOUR	Tournament Vehicle		

Agreed value coverage is provided for fire trucks, ambulances, antiques and trailers. Agreed value coverage can be requested on PPTs less than five years old (not available in MA). ACV can be quoted for all other vehicle types. Cost new must be provided.

Veh #	Year	Make	Description (Model / Type)	Vehicle Classification	Vehicle PE Class	Serial Number (VIN)	Agreed Value	Cost New ACV	Insured's Identifier (How YOU refer to this vehicle)	Garaged at Premises #
EX.	2004	Freightliner	Pumper Large Diameter Hose	Fire Truck	PLDH	1HTLFTVL6KH666870	\$250,000		Ladder Co. 49	3
1										
2										
3										
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9										
10										
11										
12										

Veh #	Year	Make	Description (Model / Type)	Vehicle Classification	Vehicle PE Class	Serial Number (VIN)	Agreed Value	Cost New ACV	Insured's Identifier (How YOU refer to this vehicle)	Garaged at Premises #
EX.	2004	Freightliner	Pumper Large Diameter Hose	Fire Truck	PLDH	1HTLFTVL6KH666870	\$250,000		Ladder Co. 49	3
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Rental Reimbursement?	Rental Reimbursement is automatically provided for Fire Trucks. Do you want coverage for other vehicles? If so, please specify which vehicles:			
	Applies to Vehicle #'s:			
	Amount per day:		Number of days:	

Do you have any Converted vehicles?	Have any vehicles been converted from a previous use (oil tankers, military vehicles, delivery vans, etc.)? Yes No			
	If yes, indicate vehicle number(s):			
	If yes, is there a water tank on any of these vehicles? Yes No			

Do you have any Garage exposure?	Does the applicant have any Garage Liability or Garagekeeper's exposure (for example, repairing the vehicles of others)? Yes No			
	If yes, Address where you conduct Garage Operations:		City:	State: Zip:
	If yes, Limit of Insurance: \$ Maximum limit available is \$2,500,000.			
	If yes, Comprehensive Deductible:	\$100/\$500	\$250/\$1,000	\$500/\$2,500
	Collision Deductible:	\$100	\$250	\$500

All Perils for Each Customer's Auto / Maximum Deductible for All Loss in Any One Event For Each Customer's Auto

Add'l Insured Lessor Loss Payee	Name:			
	Address:		City:	State: Zip:
Applies to Veh #'s:				

Add'l Insured Lessor Loss Payee	Name:			
	Address:		City:	State: Zip:
Applies to Veh #'s:				

PORTABLE EQUIPMENT**Yes****No****Blanket Coverage:** You must complete the "Vehicle PE Class" column on the vehicle schedule.

Deductible:	\$250	\$500	\$1,000	\$2,500	\$5,000
Optional Deductible if desired:	\$250	\$500	\$1,000	\$2,500	\$5,000

Scheduled Coverage: Please provide the following for any item you wish to have separately scheduled.

Deductible:	\$250	\$500	\$1,000	\$2,500	\$5,000
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Item #	Description	Serial Number	Unit Value	Quantity

[\(Portable Equipment Addendum](#) is available on website if there are more items.)**Search and Rescue Dogs:** Please provide the following for each animal. Attach a separate sheet if necessary.

Breed	Sex	Year of Birth	Name	Agreed Value

Drones (Unmanned Aircraft Systems)

Does your organization own or operate drones? Yes No

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

Are all operations being conducted in accordance with FAA rules? Yes No

How many personnel are authorized to operate the drones?

How many hours of training are required prior to personnel being authorized to operate the drones?

Does the insured have written policies and procedures that address storage and accessibility to the drone only by qualified operators? Yes No

Does your organization loan, rent or lease the drones to others? Yes No

If yes,

a. Describe to whom:

b. Will you loan, rent or lease: with your authorized operator without your operator

MANAGEMENT LIABILITY**Yes****No**

Management Liability Limits for each offense or wrongful act/aggregate will match the General Liability Limits for each occurrence/aggregate as selected in the General Liability section.

Claims made basis

Do you 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:

Occurrence basis

Please indicate whether you:

are currently insured on an occurrence basis for Management Liability coverage, or

do not currently carry Management Liability coverage, or

will purchase an extended reporting period from your current claims made carrier when you move your coverage to VFIS

Does the organization have a personnel (human resources) administrator?

Yes

No

Does the organization have written policies and procedures covering the following areas?

Hiring or applying for membership

Yes

No

Discipline

Yes

No

Dismissal

Yes

No

Promotions

Yes

No

Discrimination

Yes

No

New employee / volunteer orientation

Yes

No

Sexual Harassment

Yes

No

Performance evaluation

Yes

No

N/A

IMPORTANT NOTE: When coverage is bound, a completed and signed "Claims Made" Management Liability Supplemental Application will be required if coverage is being written on a claims made basis. We will provide you with the supplemental application with your proposal.

Cyber Liability protects you when claims are made against you for monetary damages arising out of an electronic information security event.

The limit for Each Electronic Information Security Event will be the same as the Management Liability each offense or wrongful act limit, subject to the Management Liability aggregate.

Privacy Crisis Management Expense reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This provides coverage for professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

\$50,000 each privacy event / \$50,000 aggregate automatically included

\$100,000 each privacy event / \$100,000 aggregate

\$250,000 each privacy event / \$250,000 aggregate

\$500,000 each privacy event / \$500,000 aggregate

1. Yes No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?

2. Yes No Do you use antivirus software on all desktops, portable computers and mission critical servers?

3. Yes No Are antivirus applications updated in accordance with the software provider's requirements?

How often?

QUESTIONS 4 and 5 BELOW MUST BE ANSWERED FOR ANY EMERGENCY SERVICE OPERATION WITH 50 OR MORE FULL TIME EMPLOYEES.

4. Yes No Do you have a written information security and privacy policy?

5. Yes No Do you backup your computer data and store it off site?

QUESTIONS 6 and 7 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.

6. Yes No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?

7. Yes No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If yes, please explain:

EXCESS LIABILITY**Yes****No****What Coverages and Limits do you desire?**

Limits desired: \$ occurrence / \$ aggregate

Note: Underlying liability limits of \$1,000,000 are required.

Coverage desired excess of: General Liability Management Liability Automobile Liability

WRAP-UP INFORMATION

If available, include the current premiums and attach loss runs for the past four years.

Answer in all states except Missouri: Has your current insurance been cancelled or non-renewed? Yes No

If yes, please provide details:

Name of Producing Agency:

Agency's Address:

Street or PO Box

City

State

Zip Code

Agency's Phone:

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

Producer or CSR (for contact purposes): Name:

First Name

MI

Last Name

Email:

If you have never placed business with us before, please provide the person responsible for agency/brokerage licensing and contracting:

▪ Contact's Name:

First Name

MI

Last Name

▪ Contact's Email:

▪ Contact's Direct Phone:

Volunteer Firemen's Insurance Services, Inc.®

VFIS®, VFIS® with design and Volunteer Firemen's Insurance Services, Inc.® are all registered service marks of the same PA Corporation.

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

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 act, which is a crime, and may subject such person to criminal and civil penalties.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	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 fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
Kentucky	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 commits a fraudulent insurance act, which is a crime.
Louisiana	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 fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	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.
Ohio	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.
Oklahoma	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.
Oregon	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, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
Pennsylvania	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 subjects such person to criminal and civil penalties.
Rhode Island	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 fines and confinement in prison.
Tennessee	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.
Vermont	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Virginia	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.
Washington	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.
West Virginia	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 fines and confinement in prison.

Your signature below acknowledges that you have read the Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

Applicant's signature:

Title:

Date:

Agent's signature:

Date:

VFIS BUILDING VALUATION FORM

Photos of Building Must Accompany Completed Form

Supplemental Application

Submitted by: _____ Date: _____

General Information

Client Information

Name: _____

LocationAddress: _____

City: _____

State/Zip Code: _____

Policy Information

Coverage Amount: _____

Policy Number: _____

Location Number: _____

Structure Information

(Answer only the applicable information for each structure. Some fields on the worksheet do not apply for every structure.)

Structure Type:

Fire Station, Paid: _____ %

Fire Station, Volunteer: _____ %

Social Club: _____ %

Govt. Buildings: _____ %

Office: _____ %

Other: _____ %

(Check all that apply)

Year Built: _____

Total Square Footage: _____

Ground Floor Area: _____

Number of Floors: _____

Perimeter: _____

Basement Square Footage: _____

Type: Finished Unfinished

Other Area Type (*mezzanine, balcony, etc.*) and Square Footage Amount: _____

Building Code Class

1 – Frame Combustible: _____ %

2 – Joisted Masonry: _____ %

3 – Noncombustible: _____ %

4 – Noncombustible (Masonry): _____ %

5 – Modified Fire Resistive: _____ %

6 – Fire Resistive: _____ %

(Check all that apply)

Construction Type

Framing, Wood: _____ %

Metal Frame: _____ %

Masonry, Block: _____ %

Masonry, Brick: _____ %

Other: _____ %

(Check all that apply)

Construction Quality

Basic – Plain, square/rectangular, no trim or decoration

Average – Typical building style for occupancy, limited trim or decoration

Above Average – More complex in shape or building style with more features, trim, decoration

Expensive – Complex shape/rooftline, specialized/costly materials or features

Very Expensive – Involves well known architect/developer, expensive or vintage features

Exceptional – Unique/vintage building, extensive use of artisans, finest materials/quality

Building Exterior

Brick veneer, standard	%	Siding, vinyl	%
Brick wall, reinforced w/ rebar	%	Stone veneer, frame	%
Concrete block	%	Stone veneer, masonry	%
Concrete block, split face	%	Stucco	%
Metal siding, corrugated aluminum	%	Tilt up, concrete wall	%
Siding, hardboard (wood)	%	Other:	%
Panels, cement fiber siding	%	(Check all that apply)	

Foundation Type

Concrete block	Poured concrete walls				
Concrete slab	Pier and beam				
Partial concrete slab	Other:				
Slope of Site	Flat	Slight	Moderate	Steep	Very steep

Roof Covering

Corrugated Aluminum	%	Shingles, architectural (30-40 year)	%	
Metal, other than standing seam	%	Shingles, asphalt (Composition Shingle)	%	
Metal, standing seam	%	Tiles, Slate	%	
Rubber/Membrane	%	Other:	%	
Built Up Tar & Gravel	%	(Check all that apply)		
Roof Pitch	Flat	Slight	Moderate	Steep

HVAC

Complete HVAC	%	Hot water, radiant (Floor, walls, etc.)	%
Electric (Metal baseboards)	%	Space heater (Overhead Heat Unit)	%
Electric, wall	%	Steam	%
Evaporative cooling	%	Steam boiler	%
Floor Furnace	%	Ventilation	%
Forced air unit	%	Warmed and chilled air (Chiller)	%
Heat pump	%	Warmed and cooled air (Condenser)	%
Hot water	%	None	%
(Check all that apply)			

Equipment/Contents/Other Cost Items: (if any) i.e.: Generators, Radio Towers, Etc.

Item:	
Item:	
Item:	
Risk Control Use Only: Equipment/Contents Percentage of Structure Value	%

Note: Attach Photos and Provide Diagram of Building

Left Front OR Right Front Angle (two sides)	Opposite Rear Angle (two sides)
	

At Least Two Interior Photos: (Bay, Office Space, and Kitchen)	
	

Photos of Building Must Accompany Completed Form

POLLUTION LIABILITY – ABOVE GROUND STORAGE TANKS

Supplemental Application

Legal Name:

Mailing Address:

	Tank 1	Tank 2
1. Address / location of tank?		
2. What was the date of installation?		
Was the tank new at installation?	Yes No	Yes No
If no, what is the age of the tank?		
3. What is being stored in the tank?		
4. What is the maximum tank capacity in gallons?		
5. What is the distance in feet to nearest adjoining property?		
6. What is the distance in feet to surface water (lakes, rivers, streams, etc.) or wells?		
What is the surface water?		
7. What material is the tank constructed of?		
8. Does the AST have any secondary containment safeguards?	Yes No	Yes No
If yes, please explain:		
9. Does the insured routinely monitor the tank to insure they are not leaking?	Yes No	Yes No
If yes, how frequently?		
10. Do employees, volunteers know and follow release reporting, investigation and confirmation procedures?	Yes No	Yes No
11. Physical protection - Is there a vehicle barrier in place to prevent collision?	Yes No	Yes No
Is the tank properly grounded with lightning protection?	Yes No	Yes No
12. Security protection from vandalism – fencing, lighting etc.?	Yes No	Yes No
If yes, please explain:		
13. Is there any mechanical or electrical equipment attached to the AST such as an electric generator?	Yes No	Yes No
	If yes, call your VFIS Underwriter for assistance.	If yes, call your VFIS Underwriter for assistance.

A photo(s) of the tank as it appears on the premises is required as part of this submission.

ACCIDENT & SICKNESS Supplemental Application

Important Note: If quoting A&S only, pages 1 and 2 of this application must be completed.

Current Carrier:

Date Proposal Needed By:

Number of locations with emergency operations?

Population of area served on a first call basis:

Do you operate an ambulance? Yes No

Does your organization perform medical evaluations meeting the requirements of NFPA 1582 or OSHA CFR 29 910.134 Respiratory Protection Standard? Yes No

Does your organization have a Safety Officer meeting the requirements of NFPA 1500 and/or NFPA 1521? Yes No

Do you want to cover: Volunteers only Paid Personnel only Both Volunteers and Paid Personnel

Indicate number of Members based on the following classifications:

Volunteer Members	Career Members
Include unpaid members, paid per call and part-time members averaging less than 25 hours per week.	Members who average 25 hours or more employment per week (hourly or salary).
Active Volunteers One who receives no compensation or is paid per call.	Full-Time Paid Employees One who averages 25 hours or more a week (hourly or salary).
Part-Time Paid Employees One who averages less than 25 hours a week, has no set number of hours a week, or receives an hourly rate per call.	Administrative Personnel Paid Employee whose job description does not include emergency response or training.
Auxiliary Members Junior Members Trustees, Commissioners, Directors	Illinois and Ohio Please complete Supplement for Membership Classification. Contact the VFIS Regional Director for additional information.

Who is covered by Workers' Compensation? Volunteers Paid Personnel

Volunteers are covered for: Disability? Medical? Both?

Specify Carrier:

Provide Medical Expense Benefits: (Check appropriate box.)

	Volunteers	Paid Personnel
Excess of Workers' Compensation		
Primary (first dollar)		
Not Applicable		

THREE YEAR LOSS HISTORY (attach loss runs when available)

Date	Type	Paid	Reserved	Total Incurred

Benefit Limits:

AD&D/Loss of Life (\$20,000-500,000)	Weekly Indemnity (\$100 - \$1,000)		Medical Expense (\$2,500 - \$100,000)
	First 28	After 28	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weekly Hospital Benefit	Yes	No		
First Week Total Disability Benefit	Yes	No		
Coordinated 28 Day Total Disability Benefit*	\$	Volunteer	\$	Career
Transition Benefit	Yes	No – Volunteer	Yes	No – Career
Extended Total Disability Benefit	Yes	No – Volunteer	Yes	No – Career
Long-Term Total Disability Benefit*	Yes	No – Volunteer	Yes	No – Career
Weekly Injury Perm. Impairment Benefit COLA	Yes	No – Volunteer	Yes	No – Career
Long-Term Total Disability Benefit COLA*	Yes	No – Volunteer	Yes	No – Career
Extra Expense Benefit	Yes	No – Volunteer	Yes	No – Career
Special Events Rider	Yes	No –	Contact your Underwriter for quote information.	

***Not available in all states.**

Billing Schedule: Annual Semi-Annual Installments (\$1,500 minimum premium; Not available in MA, RI or WA.)

Florida Only: Yes No – Florida Statutory Death Benefits per Title X, Chapter 112.191(a), (b) and (c).

League Sports Rider	Yes	No
Type of Sport:	Number of participants:	
Start date:	Length of season:	
	<u>AD&D Benefit</u>	<u>Accident Medical Expense</u> <u>Weekly Accident Indemnity</u>
Option #1	\$5,000	\$5,000 \$100
Option #2	\$10,000	\$10,000 \$200

24-Hour Accident Benefit – Injury Only**	OR	Off-Duty Accident Benefit – Injury Only**
<i>AD&D for Covered Activities AND Off-Duty Activities</i>		<i>AD&D for Off-Duty Activities Only</i>
\$ (\$10,000 - \$50,000)		\$ (\$10,000 - \$50,000)
<i>(This limit cannot exceed the primary AD&D limit.)</i>		<i>(This limit cannot exceed the primary AD&D limit.)</i>

Specify class and number of persons on roster for 24-Hour or Off-Duty benefits.

Active Volunteers	Trustees, Commissioners or Directors
Part-Time Paid Employees	Administrative Personnel
Auxiliary Members	Full-Time Paid Employees
Junior Members	

**** Coverage cannot be bound without a copy of the insured's roster indicating the members covered for this benefit.**

Name of Producing Agency:

Agency's Address:

Agency's Phone: ()

Applicant's signature: _____ **Title:**

Date:

Agent's signature: _____

Date:

County Rated Accident and Sickness Supplemental Application
(Photocopy this page if more than three departments)

For each department that is to be covered, complete the following questions:

1. Department Name:
2. Number of Locations: First Call Population:
3. Does this entity operate an ambulance? Yes No
4. Number of calls annually: Fire EMS:
5. Do you want to cover volunteers only paid employees only both volunteers and paid employees
6. Total number of: Volunteers Auxiliary Members Administrative Personnel
Trustees Jr. Members Part-time paid employees Full-time paid employees
7. Are all volunteers covered by Workers' Compensation? Yes No N/A
8. Are paid employees covered by Workers' Compensation? Yes No N/A
9. Provide Medical Expense for volunteers: Excess of Workers' Comp Primary (First Dollar) N/A
10. Provide Medical Expense for paid employees: Excess of Workers' Comp Primary (First Dollar) N/A

For each department that is to be covered, complete the following questions:

1. Department Name:
2. Number of Locations: First Call Population:
3. Does this entity operate an ambulance? Yes No
4. Number of calls annually: Fire EMS:
5. Do you want to cover volunteers only paid employees only both volunteers and paid employees
6. Total number of: Volunteers Auxiliary Members Administrative Personnel
Trustees Jr. Members Part-time paid employees Full-time paid employees
7. Are all volunteers covered by Workers' Compensation? Yes No N/A
8. Are paid employees covered by Workers' Compensation? Yes No N/A
9. Provide Medical Expense for volunteers: Excess of Workers' Comp Primary (First Dollar) N/A
10. Provide Medical Expense for paid employees: Excess of Workers' Comp Primary (First Dollar) N/A

For each department that is to be covered, complete the following questions:

1. Department Name:
2. Number of Locations: First Call Population:
3. Does this entity operate an ambulance? Yes No
4. Number of calls annually: Fire EMS:
5. Do you want to cover volunteers only paid employees only both volunteers and paid employees
6. Total number of: Volunteers Auxiliary Members Administrative Personnel
Trustees Jr. Members Part-time paid employees Full-time paid employees
7. Are all volunteers covered by Workers' Compensation? Yes No N/A
8. Are paid employees covered by Workers' Compensation? Yes No N/A
9. Provide Medical Expense for volunteers: Excess of Workers' Comp Primary (First Dollar) N/A
10. Provide Medical Expense for paid employees: Excess of Workers' Comp Primary (First Dollar) N/A

SPECIALTY BENEFITS Supplemental Application

GROUP TERM LIFE	Yes	No
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Data Required: Census data including member's name and date of birth.

Proposed Effective Date for the Plan:

Basic Face Amount including Basic AD&D: \$

Covered Activity AD&D (from 100% - 200%)

Reduction Schedule: Standard Reduction (50% at age 70)
(Please check one) None
 Other (explain)

Type of Organization: Volunteer Career Combination (Volunteer/Career)

CRITICAL ILLNESS	Yes	No
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Proposed Benefits	Critical Illness (Covered Illness – Cancer, Heart Attack and Stroke)	AD&D	Aggregate limit (per covered accident)
Option 1	\$10,000	\$10,000	\$500,000
Option 2	\$20,000	\$10,000	\$500,000
Option 3	\$30,000	\$10,000	\$500,000

Number of Eligible Persons:

Applicant's Signature: _____

Title:

Date:

Agent's Signature: _____

Date: