

FIRE/EMS PAK[®] SUPPLEMENT



State Director Name and Agency Number: _____

Originating Agent Name and Agency Number: _____

Today's Date: _____ Date Needed: _____

Insured Name: _____

Email Address: _____

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

Non-Profit Corporation Fire/EMS District Township

For Profit Corporation Other: _____

Total Number of Members

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

FirePAK 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 rented: _____

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

Earthquake/Flood:

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

FirePAK General Liability/Professional Liability

Population served by your organization on a First Alarm Basis: _____

Population served 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 and Rescue Calls:		HazMat Calls:		Controlled Burns:	

Is there any sharing of services, property or vehicles with any other entity?

If yes, please describe: _____

Hold harmless agreements in place? Yes No

Are there any other operations performed by the applicant? Yes No If yes, describe: _____

HazMat Calls (complete if applicable):

What is your HazMat certification level?: _____

Types of materials cleaned: _____

Describe your HazMat operations: _____

Search and Rescue Operations (complete if applicable):

Describe your search and rescue operations: _____

Junior Firefighter or Cadet Program (complete if applicable)

Do you have a program? Yes No If yes, attach a 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

EMS Operations (complete if applicable):

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

Years of EMS management experience for current management/officers and Medical Director: Management: _____ 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 individual EMS certification level.

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

Special Events:

Number of Times Each Event is Held Annually:

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:

Is Liquor Liability Coverage requested? 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? Yes No

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 an acknowledgment 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: _____

Cyber Liability

Is Cyber Liability coverage requested? Yes No Limit: \$ _____

If yes and 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 antivirus software installed on their computer network? Yes No

Does the organization have a written privacy and security policy? Yes No

Employers Liability - Stop Gap:

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 If yes, specify Limits of Liability below.

Each Employee	Each Accident	Aggregate Disease

Management Liability: Each Wrongful Act Limit: \$ _____ Annual Aggregate Limit: \$ _____

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

Do you 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

Is the manual distributed to all officials, managers and members? Yes No

Is training provided on the manual for all new officials and managers? Yes No

Do all officials and managers receive training when changes are made to 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? Yes No

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 related 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:

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

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

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

Do you want Prior Acts Coverage? Yes No

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Volunteers
# of Employees/Volunteers Now			
# of Employees/Volunteers 1 Year Ago			
# 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			

For the following questions, please explain any "No" answers in the space provided below.

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/Member 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/Member handbook?

Yes No

Does the handbook contain a comprehensive "Employment at Will" statement?

Yes No

Does legal counsel review the 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

Do you have a clearly written policy against sexual harassment?

Yes No

Is annual training conducted for all employees and/or volunteers?

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

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

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/member termination, harassment, or discrimination?

Yes No

Fire/PAK Auto:

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?

Yes No

How often? _____

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

Do you conduct monthly inspections of all vehicle tires to determine proper condition or need of replacement?

Yes No

NFPA 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 the following:

Types of vehicles repaired: _____

Value 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



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Acadia Insurance Company • Continental Western Insurance Company • Firemen's Insurance Company of Washington, D.C.
Tri-State Insurance Company of Minnesota • Union Insurance Company