

# Fire/EMS PAK® SUPPLEMENT



State Director Name and Agency Number: \_\_\_\_\_

Originating Agency Name and Agency Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

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 Employee Theft*	\$ 300,000	_____
Outdoor Property	\$ 50,000	_____
Computer Equipment including Electronic Data	\$ 300,000	_____
	\$ 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	<p>AMBULANCE (Advanced Life Support):</p> <p>ALS Ambulance is designed to transport or support a transport vehicle with specialized medical equipment as specified by a governing authority.</p> <ul style="list-style-type: none"> <li>• 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)</li> </ul>
5B	<p>AMBULANCE (Basic Life Support):</p> <p>BLS Ambulance is designed to transport patients/victims and equipped as specified by a governing authority.</p> <ul style="list-style-type: none"> <li>• Examples of equipment carried could be: resuscitation devices, oxygen therapy devices, suction equipment, splints, first aid supplies, etc.</li> </ul>
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: \$ _____	<b>Equipment Grand Total</b>	\$ _____
7: \$ _____	If more than 10 vehicles, copy this page and attach.	
8: \$ _____		
9: \$ _____		
10: \$ _____		