

# Fire/EMS PAK® Renewal Information Form



State Director Name	State Director Agent Number	
Originating Agent Name	Originating Agent Code Number	Originating Agent City, State
Today's Date	Date Needed	

## Insured Information

Insured Name	Policy Number	Renewal Date
Mailing Address, City, State, ZIP		
Contact Name	Phone Number	Website
Form of Organization		Is the organization a governmental subdivision?
<input type="checkbox"/> Fire Department Only <input type="checkbox"/> Fire & EMS Combined <input type="checkbox"/> EMS Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
How is your Emergency Response Organization authorized to operate?		
<input type="checkbox"/> Municipal / City Owned and Control <input type="checkbox"/> County Owned and Control <input type="checkbox"/> Independent <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Township <input type="checkbox"/> Fire/EMS District <input type="checkbox"/> Other (describe):		

## General Liability / Professional Liability

Total population served?	Is this a resort or tourist area?	If yes, population during tourist season?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Number of Employees/Volunteers	
<input type="checkbox"/> Full-time Paid (35 or more hours per week) _____ <input type="checkbox"/> Paid per call _____ <input type="checkbox"/> Paid-on-Call _____ What is the total annual payroll? _____	<input type="checkbox"/> Part time paid (35 or less hours per week) _____ <input type="checkbox"/> Rate paid per call _____ Daily Rate _____ <input type="checkbox"/> Non-paid volunteers _____
Are your employees/volunteers covered for Workers Compensation Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Annual Calls			
Please enter the total number of annual calls for each operation of your entity:			
Fire calls		Search & Rescue calls	
HazMat calls		Total EMS	
EMS non-emergency		EMS emergency	
Non-medical calls		Transports	
Controlled Burns			

EMS Operations (complete if applicable)			
What certification level has your entity been awarded by your state?			
Is a licensed physician utilized as your Medical/EMS Director? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Below, please provide the "Number" of rostered members who are Certified in each of the EMS categories. Count individuals only once, at their highest EMS individual certification level.			
CPR:	Crash Injury Management Tech:	EMT A:	
First Responder:	Emergency Rescue Tech:	EMT D:	
First Responder - Defib:	Nurses:	EMT Basic:	
First Responder - Advanced:	Non-EMT Drivers:	EMT Intermediate:	
	Administrators (non-certified):	EMT Paramedic:	

Search and Rescue Operations (complete if applicable)
Describe the types of search and rescue operations conducted by the entity.

**HazMat Calls (complete only if applicable)**

Level of certification of department: \_\_\_\_\_

Types of materials cleaned: \_\_\_\_\_

Describe what the department does for HazMat cleanup: \_\_\_\_\_

**Fund Raising – Sponsored Events (Optional Coverage)**

Our liability policy does not cover certain fund raising or sponsored events unless they are specifically added to the policy and a premium charged. We will insure the following events for an additional premium.

Event	Number of Times Held Annually	Event	Number of Times Held Annually
Archery Contest		Haunted House	
Circus/Carnival		Horse Pull	
Concerts		Motorized Land Vehicle events	
Festival/Fair		Describe: _____	
Fireworks Display (sponsor only)		Watercraft	
Fireworks (detonation) Cost of Fireworks: \$ _____		Describe: _____	
Are fireworks detonated by licensed pyrotechnician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other	
		Describe: _____	

\* Bounce House/Amusement Rides are not eligible for coverage

Total annual receipts from all fund raising activities? \_\_\_\_\_

**Liquor Liability (Optional Coverage)**

a. Will you furnish alcoholic beverages for a charge or where a liquor license or permit is required?  Yes  No

b. Annual receipts \_\_\_\_\_

c. Do you permit alcohol on the premises or at sponsored functions, but do not sell it?  Yes  No

d. If a rental hall, do you provide bartenders to serve alcohol supplied by others?  Yes  No

e. If alcohol is consumed or sold on premises, please describe procedures in place to manage or monitor consumption?  
 \_\_\_\_\_

f. Is training or guidance provided to employees or volunteers with respect to:  
 Serving minors?  Yes  No    How to Handle intoxicated customers?  Yes  No

g. List events at which liquor is sold:  
 \_\_\_\_\_

h. Is any entertainment such as bands included in the event? If yes, please list:  
 \_\_\_\_\_

i. Have there been any losses or claims in the last 3 years? If yes, please list:  
 \_\_\_\_\_

j. Is Liquor Liability Coverage needed:  Yes  No

**Junior Firefighter Program (Explorer program) (complete if applicable)**

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

What are participants allowed to do?  
 \_\_\_\_\_

Number of participants?	Age of participants?
Does your organization sell subscriptions for service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the organization respond to all calls for emergency service: Within its service area without regard to whether the caller/victim is a subscriber:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment Practices Liability (Optional Coverage)**

**EMPLOYEE DATA**

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Non-Paid Volunteers or Paid Per Call
# of Employees/Volunteers Now			
# of Employees/Volunteers A 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			

**Automobile Liability**


1. Does your organization check MVR's?  Yes  No If yes:  All members  Drivers only

2. Have any vehicles been converted from a previous use (oil tankers, military vehicles, delivery vans, etc.)?  Yes  No  
 a. If yes, indicate vehicle number(s) \_\_\_\_\_

3. Does the applicant repair the vehicles of other?  Yes  No  
 If yes, please answer:  
 a. Types of vehicles repaired? \_\_\_\_\_  
 b. Receipts from repair work? \_\_\_\_\_

4. 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: \_\_\_\_\_

**FirePAK/EMS Renewal Checklist**

<b>Property:</b>	
In the last three years have any of the following occurred:	If Yes, please update property schedule.
Any building additions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise which building and new square footage?	
Did you acquire or sell any buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the values of all buildings and personal property been reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any buildings had updates to electrical, plumbing, heating or roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Attach property schedule and note any changes.</b>	
<b>Crime:</b>	
Limits reviewed for Employee dishonesty and money & securities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>General Liability:</b>	
<b>Attach general liability schedule and note any changes.</b>	
<b>Automobile:</b>	
Have any vehicles been purchased or sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any vehicles had modifications which would change their total value? Which vehicles and what?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any loss payees to be added or removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Attach auto schedule and note any changes.</b>	
<b>Insured Signature Required</b>	<b>Date</b>
	



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