

FIRE/EMS PAK® SUPPLEMENT



State Director Name and Agency Number: _____

Originating Agent Name and Agency Number: _____

Form of Organization:

Fire Department Only Fire & EMS Combined EMS Only

Is the organization a governmental subdivision? Yes No

How is your Emergency Response Organization authorized to operate?

Municipal / City Owned and Control County Owned and Control Independent

Non-Profit Corporation For Profit Corporation Township

Fire/EMS District Other: _____

FirePAK Property (Complete if applicable)

Other exposures:

Is there a kitchen? Yes No

Is the kitchen available for use by the general public? Yes No

If yes, type of cooking equipment: Commercial Range Domestic Range Gas or Electric Griddle Deep Fat Fryer

How often is the kitchen used? _____ Average number of persons served? _____

Halls/Meeting Rooms:

Is there a community meeting area in fire station? Yes No If yes, size of meeting area: _____

How often used? _____ Area rented to public? _____ If yes, describe events and users: _____

Receipts from rental of hall / meeting room: _____

Housing:

Is there any housing of personnel in the building? Yes No If yes, how many sleeping quarters for individuals? _____

Average number on duty 24/7 basis: _____

Earthquake: Yes No

Flood: Yes No

Note: Flood Coverage is limited to \$1,000,000 per policy and \$1,000,000 Annual Aggregate

Distance to nearest body of water (river, lake, creek): _____

Type of body of water: River Lake Creek

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		Search and Rescue calls		EMS Emergency	
Controlled Burns		HazMat calls		EMS non-emergency	
Non-Medical calls		Transports		Total EMS	

HazMat Calls:

Level of certification of department: _____

Types of materials cleaned: _____

Describe what the department does for HazMat cleanup: _____

Search and Rescue Operations:

Describe the types of search and rescue operations conducted by the entity: _____

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

Junior Firefighter or Cadet Program:

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

What activities are participants limited to? _____

Number of Participants: _____ Age Range of Participants: _____

EMS Operations:

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 violations that EMS personnel may incur before corrective action is taken? Yes No

If Yes, please describe: _____

What certification level has your entity been awarded by your state? _____

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

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:		Emergency Rescue Tech:		EMT D:	
First Responder:		Nurse:		EMT Basic:	
First Responder - Defib:		Non-EMT Driver:		EMT Intermediate:	
First Responder - Advanced:		Administrator (non-certified):		EMT Paramedic:	
Crash Injury Management Tech:		EMT A:		Physicians Assistants:	

Fund Raising - Sponsored 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 needed? Yes No If yes, please complete CWG 15 48, FDK Alcohol Supplement.

Cyber Liability

Is Cyber Liability coverage requested? Yes No Limit: _____

If yes and over \$200,000, please complete BCRS APP 10001, Berkley Cyber Application

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:

Limit of Liability: _____ each wrongful act _____ aggregate.

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

- 1. Do you have Claims-Made Management Liability Coverage? Yes No
- 2. Do you want Prior Acts Coverage? Yes No
- 3. Will you purchase an extended reporting period from their current Claims-Made insurer? Yes No
- 4. Does the applicant have knowledge of any incidents which would cause a person to believe that a claim or suit might result? Yes No
- 5. 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
- 6. Any disciplinary action by any regulatory agency or association? Yes No
- 7. Any proceedings or charges regarding any regulatory violations? Yes No
- 8. Any actual or alleged criminal, fraudulent or dishonest acts, errors or omissions? Yes No
- 9. Any lawsuits related to the operation of the entity? Yes No

Please explain any, "Yes" answers to questions 4-9:

Employment Practices Liability:

Limit of Insurance: \$500,000/1,000,000 \$1,000,000/2,000,000

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)	Non-Paid Volunteers or Paid Per Call
# of Employees/Volunteers Now			
# of Employees/Volunteers 1 Year Ago			
# Terminated / Laid Off in last 12 months			

1. Do you use an employment application for all your job applicants? Yes No
2. Do you secure references on job candidates? Yes No
3. Do you have an Employment Handbook for all employees? Yes No
 - a. 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
4. Do you have a specific person that handles all personnel issues? Yes No
5. Do you have job descriptions and expectations clearly written and utilized? Yes No
6. Do you have a clearly written policy against discrimination? Yes No
 - a. Is annual training conducted for all employees and/or volunteers? Yes No
7. Do you have a clearly written policy against sexual harassment? Yes No
 - a. Is annual training conducted for all employees and/or volunteers? Yes No
8. Do you seek counsel from an attorney before terminating an employee/volunteer? Yes No
9. Do you have a policy on giving references on former employees/volunteers to others? Yes No
10. Are you aware of any fact, situation, or circumstance which may result in an Employment Practices Liability claim? Yes No
11. Have there been any previous allegations or claims relating to employee termination, harassment, or discrimination? Yes No

Please explain any, "No" answers to questions 1-9:

Please explain any, "Yes" answers to question 10-11:

Fire/PAK Auto:

Does your organization review MVR's for all members? Yes No

How often do you provide driver training? _____

Does the applicant repair the vehicles of others? Yes No

If yes, please answer:

a. Types of vehicles repaired? _____

b. Values of vehicles repaired? _____

c. Receipts from repair work? _____

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): _____



| a Berkley Company

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