



Application
For
**Volunteer Firefighter's E&O
Insurance**

-
1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
 2. Names/Numbers of fire companies in entity _____

 3. Number of members _____
 4. Total population of area served on first call basis _____
 5. Number of fire-fighting units (vehicles) involved _____
 6. N.F.B.U.P. Rating _____
 7. Are there any paid members? If yes, give number and description of duties. _____ Yes No
 8. Is fire department responsible for building inspection? Explain extent of responsibility. _____ Yes No
 9. Does applicant currently carry general liability insurance? Yes No
If yes: Company _____ Policy # _____ Policy period _____ Limits _____
 10. Has there ever been a claim(s) made or suit(s) filed against the applicant containing any allegation(s) of negligence regarding the discharge of the applicant's professional duties? If yes, provide details. _____ Yes No
 11. Does applicant have knowledge of any matter(s) which would cause a reasonable person to think that a claim(s) or suit(s) might arise from it/them? If yes, give details. _____ Yes No
 12. Has any applicant for similar insurance been declined, or has any similar insurance been cancelled or a renewal refused in past five years? If yes, explain. _____ Yes No
 13. Does the applicant maintain any sort of formal training program for its members? If no, please detail any steps the applicant may be taking to implement such a program. _____ Yes No
 14. Effective Dates Desired: From _____ To _____

15. LIMITS OF INSURANCE REQUESTED:
- | | |
|--|-----------------------------|
| General Aggregate Limit (Other than Products – Completed Operations) | \$ _____ |
| Products – Completed Operations Aggregate Limit | \$ _____ |
| Personal and Advertising Injury Limit | \$ _____ |
| Each Occurrence Limit | \$ _____ |
| Fire Damage Limit (up to \$50,000 limit available) | \$ _____ any one (1) fire |
| Medical Expense Limit (up to \$5,000 limit available) | \$ _____ any one (1) person |
| Each Professional Incident Limit (if applicable) | \$ _____ |

16. Provide name of person authorized to receive notices from the company or its agents concerning this insurance

(Authorized Person)

Address _____

17. Any additional information _____

18. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance.

Applicant's Signature: _____

Date: _____

Agent: _____

Address: _____