



Amynta Fire & Rescue Application

Please email your completed form to fireandrescue@amyntagroup.com.

QUALIFYING QUESTIONS (CHECK ALL THAT APPLY)

| | | |
|---|-----|----|
| Greater than 20% of Responders are Full Time Paid | Yes | No |
| Department services a population greater than 25,000 | Yes | No |
| Department provides advanced emergency medical services | Yes | No |
| Department doesn't have written bylaws | Yes | No |
| Are you a Professional/Trade Association | Yes | No |
| Are you a Training Center | Yes | No |
| <i>If you have answered Yes to any of the above questions, our program is not the best fit for your Department and we will be unable to provide you with a quote.</i> | | |

GENERAL INFORMATION (PLEASE PROVIDE ALL REQUESTED INFORMATION)

| | | | |
|--------------------------------|------|-------------------------------------|-----|
| Effective Date | | Need by Date | |
| Current Carrier | | | |
| Legal Name of the Organization | | FEIN | |
| Mailing Address | City | State | Zip |
| Website Address | | Primary Contact Name | |
| Primary Contact Email Address | | Primary Contact Mobile Phone Number | |
| Risk Control Name | | | |
| Risk Control Email Address | | Risk Control Mobile Phone Number | |
| Are You Incorporated | | Yes | No |

OPERATIONS

| | |
|---|--------------------|
| Year Established | |
| Type of Organization | Type of Department |
| Population of Area Served on a First Call basis | |
| <p>On a scale of 1 - 5, where 1 is the closest descriptor, how does the following sentence describe your department:</p> <p>Our department is dedicated to serving our community by responding fast and aggressively to all emergencies believing every second saved may save a life.</p> | |
| <p>If you answered the previous question with a 1 or 2, have any members ever had an intersection accident on a call?</p> | Yes No |

OPERATIONS (CONTINUED)

| | | |
|--|--|-------------------------------------|
| EMS Exposure | Number of Volunteers without EMS Exposure | |
| | Number of Full Time Paid employees with EMS Exposure | |
| | Number of Full Time Paid Employees without EMS Exposure | |
| | Number of Part Time Paid Employees with EMS Exposure | |
| | Number of Part Time Paid Employees without EMS Exposure | |
| | Number of Publicly Elected Trustees, Commissioners or Directors | |
| | What is the highest level of EMS services provided? | |
| | Indicate the type of stretcher straps used to secure patients N/A 2 Point 3 Point 5 Point | |
| | Are all bariatric patients transported using a bariatric cot? Yes No | |
| | Are two transport teams used to transport all bariatric patients? Yes No | |
| | Number of Annual Responses | |
| | Number of Fire and Non-Emergency Runs | |
| | Number of Emergency Medical Runs | |
| | Number of First Responder Runs | |
| Current Year Budget | Current Year Expenses | Current Yes Surplus/Deficit |
| Prior Year Budget | Prior Year Expenses | Prior Year Surplus/Deficit |
| Projected Next Year Budget | Projected Next Year Budget | Projected Next Year Surplus/Deficit |
| Workers Compensation | Are all volunteers covered by workers compensation? Yes No | |
| | If no, does your state mandate workers compensation be provided for volunteer fire department members and are you in compliance with the regulations? Yes No | |
| | Are all paid employees covered by workers compensation? Yes No | |
| | If no, does your state mandate workers compensation be provided for paid fire department members and are you in compliance with the regulations? Yes No | |
| Does the applicant have a comprehensive behavioral health program? | Yes No | |
| Does the applicant have a mandatory lift policy? | Yes No | |

EMPLOYMENT PRACTICES LIABILITY

| | | | |
|---|--|------------|-------------------------------|
| Does the Applicant currently carry EPLI? | Yes | No | |
| If the Applicant carries coverage, are the limits at least \$1,000,000? | Yes | No | If No, what limit is carried? |
| Is the coverage Claims Made or Occurrence? | Claims Made | Occurrence | |
| If the coverage is claims made, what is the retroactive date? | | | |
| Employment Practices Liability/Management Liability (Select a Limit) | | | |
| Check all Employment Practices currently in place. | Discrimination Performance Evaluation Sexual Harassment Discipline Promotions New Employee/Volunteer Orientation Hiring or Applying for Membership | | |
| Have the bylaws been reviewed by outside counsel? | Yes | No | |
| When were the bylaws last reviewed by outside counsel? | | | |
| Is a documented complaint resolution procedure in place and accessible to the workforce? | Yes | No | |
| On a scale of 1-5, where the best descriptor is 1, how close does the following sentence describe your department: We embrace arriving safely at the scene as a mission critical priority. | | | |
| If you answered 4 or 5 to the previous question, is arriving first on the scene more important than arriving safely? | Yes | No | |
| Does the applicant have a Junior Firefighter Program? | Yes | No | |
| If so, are background checks performed on the leaders of the program? | Yes | No | |
| Are there written rules for not being alone with junior members? | Yes | No | |

CYBER YES NO

| | | |
|---|-------------|------------|
| Cyber Limit (Select a Limit) | | |
| Do you currently carry Cyber Insurance? | Yes | No |
| If Yes, is it Claims Made or Occurrence? | Claims Made | Occurrence |
| If it's Claims Made, what is the retroactive date? | | |
| Do you have current firewall management software installed on all computers? | Yes | No |
| Do you have current antivirus management software installed on your computer network? | Yes | No |
| Do you have a written security and privacy policy? | Yes | No |

| CRIME | | | YES | NO |
|---|-----|----|------------|-----------|
| Crime (Select a Coverage) | | | | |
| Limit | | | | |
| Deductible | | | | |
| Forgery/Alteration | Yes | No | | |
| Computer Fraud | Yes | No | | |
| Identity Fraud Expense | Yes | No | | |
| List your covered entities | | | | |
| Do purchases in excess of \$300 require signed approval of two or more people? | Yes | No | | |
| Do checks require two signatures when in excess of \$300? | Yes | No | | |
| Are bank accounts, credit cards and vendor payments reviewed monthly? | Yes | No | | |
| Are bank accounts and credit card statements reconciled by someone not authorized to deposit, withdraw or use credit cards? | Yes | No | | |
| Are you aware of any dishonest or criminal act committed by any of your members prior to completing this application, whether during the course of their membership or not? | Yes | No | | |
| If you answered Yes to the previous question, is the offending party still a member of the department? | Yes | No | | |
| Are the financial records audited by outside parties? | Yes | No | | |
| Is the audit certified? | Yes | No | | |

GENERAL LIABILITY YES NO

| | | |
|---|----|---|
| General Liability Limits (Select a Limit) | | |
| Med Pay Limits | | |
| What types of special events are sponsored or held? | | |
| Yes | No | Carnivals |
| | | Number of days annually? |
| | | If you have carnivals, are they operated by a qualified contractor carrying limits of \$1,000,000 or higher who has named you as an additional insured on a certificate of insurance? Yes No |
| Yes | No | Sponsored Conventions |
| | | If you have Sponsored Conventions, what is the total number of days which are held? |
| Yes | No | Fireworks |
| | | Number of days annually? |
| | | If you have Fireworks, are they detonated by a qualified contractor carrying limits of \$1,000,000 or higher who has named you as an additional insured on a certificate of insurance? Yes No |
| Yes | No | Bingo |
| | | Number of days annually? |
| Yes | No | Motorized Events (Tractor Pulls/Mud Bogs) |
| | | Number of days annually? |
| Yes | No | Hall Rental |
| | | Number of days annually? |
| Yes | No | Year Round Club at Station |
| | | Gross Receipts |
| Do you have an alcohol exposure? | | Is alcohol sold, provided, or allowed on premises? Yes No |
| | | If alcohol is sold on premises, what are the gross alcohol receipts annually? |
| Do you have above ground storage tank exposure? | | Do you own or are you responsible for any above ground storage tanks? Yes No |
| | | If yes, is a License/Permit required by the State? Yes No |
| | | How Many Above Ground Storage Tanks do you own or are you responsible for? |
| Is safety training provided annually for all volunteers and employees? | | Yes No |
| Do all areas of public assembly have emergency lighting? | | Yes No |
| If no, will you be installing emergency lighting in all areas of public assembly in the next 24 months? | | Yes No |
| Does the applicant have a kitchen? | | Yes No |
| | | If yes, does the Kitchen have an ANSUL system? Yes No |
| | | How many days is the kitchen open to the public? |

AUTOMOBILE CONTINUED

| | |
|--|--|
| Loss Payee Name, Address and Vehicle Number to which it Applies | |
| Do you want Rental Reimbursement Coverage? | Yes No |
| If yes for Rental Reimbursement Coverage, to which vehicles should it apply? | |
| Do you have any Garage exposure (such as vehicle repair for third parties)? | Yes No |
| If you have Garage exposure, do you charge for repair work to third party vehicles? | Yes No |
| If you have Garage exposure without doing repair work, do you want to elect coverage? | Yes No |
| If yes, please provide the address for where the Garage Liability will apply. | |
| Garage Keepers Legal Liability Limit | |
| Garage Keepers Legal Liability Comprehensive Deductible | |
| Garage Keepers Legal Liability Collision Deductible | |
| How many vehicles have been converted from previous use? | |
| Which vehicles have had a water tank installed? | |
| Does the Applicant have a comprehensive and documented Emergency Vehicle Operations Program? | Yes No |
| Does the applicant evaluate the overall health of all emergency vehicle drivers/operators? | Yes No |
| How often are the drivers evaluated? | Annually Every Two Years Every Three Years |

PROPERTY YES NO

| | |
|------------|------------------------|
| Deductible | Contents Coverage Type |
|------------|------------------------|

| Building Information | | | | | | | | | | | Is the property occupied 24 hours a day? | Building Square Footage | Number of Stories | Street Address City/State/ZIP |
|--------------------------|------------------|-------------|----------|----------|------------|-------------------------|---------------------------------|--------------------------|-------------------|------------------|--|-------------------------|-------------------|----------------------------------|
| Building # Premises # | Protection Class | Occupied As | Value | | Year Built | Date of Last Inspection | Date of Last Electrical Updates | Date of Last Roof Update | Construction Type | Sprinkler System | | | | |
| | | | Building | Contents | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Mortgage Name

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Applies to Premises #s

Loss Payee Name

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Applies to Premises #

PORTABLE EQUIPMENT COVERAGE

YES

NO

| | | |
|---------------|------------|---------------|
| Coverage Type | Deductible | Blanket Limit |
|---------------|------------|---------------|

If you chose Schedule, please provide the details below

Portable Equipment Coverage

| Item # | Deductible | Description | Serial Number | Unit Value | Quantity | Total Value |
|--------|------------|-------------|---------------|------------|----------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Loss Payee Name

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

| | |
|---|-----------|
| Search and Rescue Dog (Choose One) | Yes No |
|---|-----------|

| Breed | Sex | Birth Year | Name | Value |
|-------|-----|------------|------|-------|
| | | | | |
| | | | | |

| | |
|------------------------------------|-----------|
| Drone Coverage (Choose One) | Yes No |
|------------------------------------|-----------|

| Model | Serial Number | Drone Weight (in pounds) | Drone Value | Value of Equipment Attached to Drone |
|-------|---------------|--------------------------|-------------|--------------------------------------|
| | | | | |
| | | | | |

| | | |
|---|--|--|
| Are Drone operations conducted in accordance with FAA rules? Yes No | How many personnel are authorized to use drones? | How many hours of training are required before personnel are authorized to operate drones? |
|---|--|--|

| | | | |
|--|--|---|----------------------------------|
| How many hours of training are required before personnel are authorized to operate drones? | Does the applicant have written policies and procedures addressing storage and accessibility to the drone by qualified operators? Yes No | Does the organization loan, rent or lease your drones? Yes No | If yes, please describe to whom. |
|--|--|---|----------------------------------|

| | |
|--|---|
| If yes, is there an executed contract between both parties? Yes No | If yes, is the Applicant held harmless by the third party? Yes No |
|--|---|

EXCESS LIABILITY YES NO

Which Excess Liability Limit is Desired?

Losses - Please complete the below chart

| Year | Automobile | General / Professional Liability | Employment Practices / Management Liability | Crime | Cyber | Inland Marine/Equipment |
|--------------------------------------|------------|----------------------------------|---|-------|-------|-------------------------|
| Current Year (Specify Date Range) | \$ | \$ | \$ | \$ | \$ | \$ |
| Prior Year | \$ | \$ | \$ | \$ | \$ | \$ |
| Prior Year | \$ | \$ | \$ | \$ | \$ | \$ |
| Prior Year | \$ | \$ | \$ | \$ | \$ | \$ |