

## VFIS SUPPLEMENT TO ACORD™ APPLICATIONS

### GENERAL INFORMATION – complete ACORD 125 and answer the following:

Name/Applicant: \_\_\_\_\_

By what date must you have the VFIS proposal? \_\_\_\_\_

Indicate the type of organization:

- |   |  |
|---|--|
| <input type="checkbox"/> Independent department | <input type="checkbox"/> Tax district      |
| <input type="checkbox"/> Municipally owned      | <input type="checkbox"/> Other (describe): |

Indicate the type of department:

- |   |   |
|---|---|
| <input type="checkbox"/> Fire department / district                   | <input type="checkbox"/> County or state association                  |
| <input type="checkbox"/> Fire department / district with ambulance    | <input type="checkbox"/> Search and rescue team                       |
| <input type="checkbox"/> Ambulance corps (pre-survey may be required) | <input type="checkbox"/> 911 emergency dispatch (pre-survey required) |
| <input type="checkbox"/> First responder                              | <input type="checkbox"/> Training school (call VFIS for assistance)   |
| <input type="checkbox"/> Rescue squad                                 | <input type="checkbox"/> Haz mat team (call VFIS for assistance)      |
| <input type="checkbox"/> Hospital EMS (pre-survey required)           | <input type="checkbox"/> Other (describe):                            |
| <input type="checkbox"/> Relief association                           |   |

Population of area served on a first call basis: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

Number of part-time employees: \_\_\_\_\_ Number of publicly elected trustees, commissioners or directors: \_\_\_\_\_

Estimated number of responses per year: Fire and other non-medical runs. \_\_\_\_\_

Emergency medical or first responder medical runs. Include number of runs involving medical treatment either at the scene of an emergency or while in transport (or both). \_\_\_\_\_

Non-emergency transports. \_\_\_\_\_

Are all volunteers covered by Workers' Compensation?  Yes  No  N/A

Are all paid employees covered by Workers' Compensation?  Yes  No  N/A

If No to either of the above, is there an Accident & Sickness policy in force with primary medical benefits of at least \$10,000?  Yes  No

**Reminder:** Be sure to have the applicant sign the fraud warning on ACORD 125 (or a state-specific fraud warning, if applicable) and include it with your submission.

**IMPORTANT NOTE:** Because the VFIS program has specialty coverages for most lines of insurance, our quote will not precisely reflect the ISO-based causes of loss, limits, forms or options referenced on ACORD applications. Consequently, it is critical that you read the VFIS proposal carefully and make sure you understand it before presenting the quote to the applicant. Your VFIS Underwriter will be happy to answer any questions.

**PROPERTY – complete ACORD 140 and answer the following:**

Are there any structures at the scheduled addresses that you don't wish to insure?  Yes  No  
 If Yes, don't include their values on ACORD 140. Please provide addresses and descriptions in the REMARKS section of ACORD 140 so these structures can be excluded from coverage.

Are any buildings occupied 24 hours per day?  Yes  No  
 If Yes, indicate the premises # and building # here: \_\_\_\_\_

Are any buildings more than 35 years old?  Yes  No  
 If Yes, indicate which one(s) and tell us the last time the electrical system was updated: \_\_\_\_\_

**GENERAL LIABILITY – complete ACORD 126 and answer the following:**

Check all applicable fundraising or social activities that apply and provide the information requested for each:

<input type="checkbox"/>	Carnivals or field days with mechanical amusement rides	Number of days held annually: _____	Are rides operated by a qualified amusement ride contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the contractor carry at minimum \$1 million in liability limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the contractor name this applicant as an Additional Insured and provide them with a COI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Conventions sponsored	Number of days held annually: _____	
<input type="checkbox"/>	Fireworks sponsored	Number of days held annually: _____	Are fireworks detonated by a qualified outside contractor or by the applicant? <input type="checkbox"/> Outside Contractor <input type="checkbox"/> Applicant If detonated by outside contractor, does the contractor carry at minimum \$1 million in liability limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If detonated by outside contractor, does the contractor name this applicant as an Additional Insured and provide them with a COI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Bingo	Number of days held annually: _____	
<input type="checkbox"/>	Motorized events <ul style="list-style-type: none"> <li>• tractor pulls</li> <li>• mud bogs</li> <li>• etc.</li> </ul>	Type of event: _____ Number of days held annually: _____	
<input type="checkbox"/>	Hall rentals	Number of days rented annually: _____	
<input type="checkbox"/>	Social Club	Square footage of club: _____	
<input type="checkbox"/>	Boats greater than 100hp (do not include jet skis or wave runners)	Number: _____	If physical damage is desired please be sure to schedule coverage under portable equipment
<input type="checkbox"/>	Grandstands or bleachers	Number: _____	
<input type="checkbox"/>	Vacant Land	Number of Acres: _____	
<input type="checkbox"/>	Other (describe):		

Do you participate in any sports activities on a league basis?  Yes  No

If Yes, do you have an Accident & Sickness policy with a league sports rider (or similar first-party medical coverage for sports activities)?  Yes  No

Which of the following best describes the organization's use of alcoholic beverages?

The organization sells alcohol.

Year-round (bar or club)

Show annual gross receipts: \$ \_\_\_\_\_

License or permit required by the state?

Yes

No

License or permit obtained?

Yes

No

Special events

Describe event(s): \_\_\_\_\_

Show annual gross receipts: \$ \_\_\_\_\_

License or permit required by the state?

Yes

No

License or permit obtained?

Yes

No

The organization permits alcohol on the premises or at sponsored functions, but does not sell it.

The organization provides bartenders to serve alcohol supplied by others.

The organization prohibits alcohol on the premises and at sponsored functions.

Have you entered into any written agreements to have another entity perform fire / EMS / rescue or dispatching services for you?

Yes  No If Yes, please forward a copy of all such contracts.

Do you use paramedics or firefighters that are contracted out to you by a labor leasing firm?

Yes  No If Yes, please forward a copy of all such contracts and answer the following:

Number of employees leased on a full-time basis: \_\_\_\_\_

Number of employees leased on a part-time basis: \_\_\_\_\_

Do all areas of public assembly have emergency lighting?  Yes  No  N/A

Do you have a specially organized haz mat team as part of your organization?  Yes  No

Do you own or are you responsible for any above ground storage tanks?  Yes  No

(If yes, and you'd like pollution liability coverage, please complete Supplement D. Note that VFIS does not offer pollution liability coverage for underground storage tanks.)

What is the organization's level of state certification or licensing?

Not state certified or licensed

First responder

Basic life support

Advanced life support

If "not state certified or licensed" or "first responder" was checked, what is the highest level of service provided?

Non-medical only

Basic life support

Advanced life support

Do you sponsor a Junior Firefighter program (or explorer post)?  Yes  No

If yes, are criminal background checks done on leaders?  Yes  No

If yes, do you have written rules stating that one leader should never be alone with a junior member?  Yes  No

**CRIME (FIDELITY) – complete ACORD 141**

**AUTO – complete ACORD 127  
ACORD 129 (if needed)  
ACORD 137 (if needed)**

- VFIS does not require driver information.
- Be sure to classify each vehicle on your schedule using one of the 25 symbols you see below in the “Portable Equipment” section.
- Physical damage coverage on emergency vehicles is always written on an “agreed value” basis. The applicant may select a value for each emergency vehicle anywhere between its actual cash value at the low end and its replacement cost at the high end.
- Agreed value physical damage coverage for private passenger vehicles less than five years old is available on an optional basis.
- Physical damage on non-emergency vehicles is written on an actual cash value basis.

Have any vehicles been converted from a previous use (oil tanker, military vehicle, delivery van, etc.)?  Yes  No

If yes, indicate vehicle number(s): \_\_\_\_\_

If yes, is there a water tank on the vehicle?  Yes  No

**BLANKET PORTABLE EQUIPMENT – answer the following:**

Deductible:     \$250 (standard)     \$500     \$1,000     \$2,500     \$5,000

Please provide the following breakdown of all vehicles owned by or regularly used by the applicant. VFIS will assign a value and quote a premium based on the number of vehicles and their type.

<u>Type</u>	<u>Symbol</u>	<u>Number</u>	<u>Type</u>	<u>Symbol</u>	<u>Number</u>
Pumper – regular hose	PR	_____	First Responder Vehicle	FR	_____
Pumper – large diameter hose	PLDH	_____	Chemical & Foam Truck	CF	_____
Tanker	T	_____	Haz Mat Vehicle	HM	_____
Pumper - Tanker	PT	_____	Air Cascade Vehicle	AC	_____
Mini - Pumper	MP	_____	Salvage Vehicle	S	_____
Brush Vehicle	BV	_____	Antique Fire Truck	ANTQ	_____
Aerial Device	AD	_____	Tournament Vehicle	TOUR	_____
Quint – regular hose	QR	_____	Private Passenger Vehicle	PPT	_____
Quint – large diameter hose	QLDH	_____	Service Vehicle (non-emergency)	SERV	_____
Rescue Truck - light	RTL	_____	Bus	BUS	_____
Rescue Truck - heavy	RTH	_____	Snowmobile	SNOW	_____
BLS Ambulance	BLS	_____	Trailer	TRL	_____
ALS Ambulance	ALS	_____	<b>Total</b>		_____

**SCHEDULED PORTABLE EQUIPMENT – complete ACORD 146**

Note that boats in excess of 100 horsepower (except for jet skis or wave-runners) must be scheduled if the applicant wants hull coverage.

**MANAGEMENT LIABILITY – answer the following:**

**IMPORTANT NOTE:** When coverage is bound, a completed and signed Supplement C will be required if coverage is on a claims made basis. Consider getting the appropriate signature now.

**Note:** Management Liability covers employment related practices, errors in the administration of employee benefit plans, and other wrongful acts committed by a member of the organization while acting on the organization's behalf. If quoted, we'll use the same limits that you selected for General Liability.

Does the organization have a personnel (human resources) administrator?  Yes  No

Does the organization have written policies and procedures covering the following areas?

Hiring or applying for membership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discipline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismissal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Promotions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New employee / volunteer orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performance evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Claims made coverage

Does the applicant have knowledge of any incidents which would cause a reasonable person to believe that a claim or suit might result?  Yes  No If Yes, give full details, including date:

\_\_\_\_\_

\_\_\_\_\_

When coverage is bound, we'll provide an application to be completed and signed by the applicant.

Occurrence coverage

Please indicate whether the applicant:

- is currently insured on an occurrence basis for Management Liability coverage, or
- does not currently carry Management Liability coverage, or
- will purchase an extended reporting period from their current claims made carrier when they move their coverage to VFIS.

**UMBRELLA – complete ACORD 131**

- The maximum limits available are \$10,000,000 / \$20,000,000.
- All underlying liability coverages (except for Employer's Liability) must have a \$1,000,000 limit in order for an Umbrella to be quoted.

Coverage desired over:  General Liability  Management Liability  Automobile Liability