183 Leader Heights Road
P.O. Box 2726, York, PA 17405
800.233.1957 | Fax: 717.747.7022
VFIS.com

Return completed application to your
Regional Director or submissions@vfis.com

APPLICATION
PROPERTY & CASUALTY / ACCIDENT & SICKNESS / BENEFITS

GENERAL INFORMATION

Date of Application: _____ Date Proposal Needed By: _____

Current Carrier: _____ Expiration Date: _____

Legal Name of Organization: _____
(List all legal entities and other organizations that are to be Named Insureds.)

_____

_____

Mailing Address: _____
Street or PO Box City County State Zip Code

FEIN: _____ Website: _____

Contact Information:

Primary: _____
First Name MI Last Name Phone Email

Inspection: _____
First Name MI Last Name Mobile Phone Email

What is your Legal Status?	☐ Independent Department /Not-for-Profit ☐ For-Profit Organization ☐ Municipally Owned ☐ Tax District	**Are you Incorporated?** ☐ Yes ☐ No

What is your type of Operation?	☐ Fire Department / District ☐ Fire Department / District with Ambulance ☐ Ambulance Corps ☐ Rescue Squad ☐ Other (Describe: _____) * Call VFIS for assistance.	☐ First Responder ☐ Hospital EMS * ☐ Relief Association ☐ County / State Association *	☐ Search & Rescue Team ☐ 911 Emergency Dispatch * ☐ Training School * ☐ Haz Mat Team *

What is the size of your Organization?	Number of Paid Employees Full-Time:		Employees are considered Full time if regularly scheduled 35 or more hours per week.
	Number of Paid Employees Part-Time:		
	Number of Volunteers:		
	Number of Publicly Elected (trustees, commissioners or directors):		

		# Responses
What is your Estimated Response Activity?	Fire and other non-medical runs:	
	Emergency medical or first responder medical runs:	
	Non-emergency transports:	

Highest Level of Service Provided?	☐ Non-Medical (EMS assist)	☐ BLS	☐ ALS	
Do you have Workers' Compensation?	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	

As part of your Standard Operating Procedures (SOPs) / Standard Operating Guidelines (SOGs), does your organization have:	A formal training program?		☐ Yes	☐ No	
	If yes, what type? (check all that apply):	☐ Driver training	☐ Personally-owned vehicle response	☐ Patient care / handling	☐ Officer / leadership
		☐ Other, explain:	_____		
	A formal safety program?		☐ Yes	☐ No	
	A formal maintenance program?		☐ Yes	☐ No	
	If yes, what type? (check all that apply):	☐ Vehicles and equipment	☐ Building and surrounding premise/grounds		
		☐ Other, explain:	_____		

REAL & PERSONAL PROPERTY ☐ Yes ☐ No

(Property Schedule Addendum is available on website if there are more locations.)

Contents Coverage type desired: ☐ Scheduled Contents ☐ Blanket Contents

Deductible desired: ☐ $1,000 ☐ $2,500 ☐ $5,000

Optional Deductible if desired: ☐ $1,000 ☐ $2,500 ☐ $5,000

Do you want VFIS to estimate the building value for you? ☐ Yes ☐ No (If yes, complete VFIS Building Valuation Form Supplemental Application at the end of the P&C application for each building.)

CONSTRUCTION CODES

1	Frame	**3**	Non-combustible	**5**	Modified Fire Resistive	**7**	Heavy Timber Joisted Masonry
2	Joisted Masonry	**4**	Masonry Non-combustible	**6**	Fire Resistive	**8**	Superior Non-combustible

9 Superior Masonry Non-combustible

ROOF CODES (0 = Unknown)

Covering	**1** Metal sheathing with exposed fasteners	**3** Built-up roof or single-ply membrane WITH gutters	**5** Concrete/clay tiles	**7** Shingle - 55 mph wind rating	**9** Shingle - 110 mph wind rating
	2 Metal sheathing with CONCEALED fasteners	**4** Built-up roof or single-ply membrane WITHOUT gutters	**6** Wood shakes	**8** Shingle - 55 mph wind rating/Secondary Water Resistance (SWR)	**10** Shingle - 110 mph wind rating/Secondary Water Resistance (SWR)
Geometry	**1** Flat Roof WITH Parapets	**3** Hip Roof with Slope <= 6:12 (26.5º)	**5** Gable Roof with Slope <= 6:12 (26.5º)	**7** Braced Gable Roof with Slope <= 6:12 (26.5º)	
	2 Flat Roof WITHOUT Parapets	**4** Hip Roof with Slope > 6:12 (26.5º)	**6** Gable Roof with Slope > 6:12 (26.5º)	**8** Braced Gable Roof with Slope > 6:12 (26.5º)	
Anchors	**1** Toe Nailing/No Anchorage	**2** Clips	**3** Single Wraps	**4** Double Wraps	**5** Structural

Premises #	Item #	Building Occupied as:	Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of towers, sirens and antennas with building.		Year Built	Electrical Age over 35 yrs Y/N	# Sq Feet	Construction Code	Protection Class	Sprinkler System Y/N	Occupied 24 hours Y/N	# Stories	Date of Last Inspection	Year of Mech System Updates	Year of Roof Updates	Roof Covering	Roof Geometry	Roof Anchors	Street Address City /State Zip / County	Insured's Identifier (How YOU referto this PREMISES)
			Building	Contents																

Premises #	Item #	Building Occupied as:	Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of towers, sirens and antennas with building.		Year Built	Electrical Age over 35 yrs Y/N	# Sq Feet	Construction Code	Protection Class	Sprinkler System Y/N	Occupied 24 hours Y/N	# Stories	Date of Last Inspection	Year of Mech System Updates	Year of Roof Updates	Roof Covering	Roof Geometry	Roof Anchors	Street Address City /State Zip / County	Insured's Identifier (How YOU referto this PREMISES)
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Are there any structures you don't want to insure?	Premises #	Item #	Description of items not to be insured

☐ Mortgagee Name: _____

Street: _____ _____ City: _____ State: _____ Zip: _____

Applies to Premises/Item #s: ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___

☐ Mortgagee Name: _____

Street: _____ _____ City: _____ State: _____ Zip: _____

Applies to Premises/Item #s: ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ ___/___

☐ Loss Payee Name: _____

Street: _____ _____ City: _____ State: _____ Zip: _____

Applies to Premises/Item #s: ___/___ Item Description: _____

GENERAL LIABILITY ☐ Yes ☐ No

What Limits and Coverage do you desire?

Each Occurrence / Aggregate

- ☐ $300,000 / $1,000,000
- ☐ $500,000 / $1,000,000
- ☐ $1,000,000 / $2,000,000
- ☐ $1,000,000 / $3,000,000
- ☐ $1,000,000 / $10,000,000 (aggregate limit does not apply to each Named Insured with this option)

☐ $5,000 Medical Expense (standard)
☐ $10,000 Medical Expense

Line of Duty Accidental Death Benefit: ☐ Yes ☐ No (not applicable in CA, NH, NY, OH, TX and VA)

Do you conduct Fundraising or Social Activities?

☐	Carnivals	Number of days held annually: _____
		Are rides operated by an amusement ride contractor? ☐ Yes ☐ No
		If yes, does the contractor carry a minimum $1 million in liability limits? ☐ Yes ☐ No
		If yes, does the contractor name this applicant as an Additional Insured and provide them with a COI? ☐ Yes ☐ No
☐	Fireworks	Number of days held annually: _____ Fireworks are detonated by: ☐ Qualified outside contractor ☐ Applicant
		If detonated by outside contractor, does the contractor carry at minimum $1 million in liability limits? ☐ Yes ☐ No
		If yes, does the contractor name this applicant as an Additional Insured and provide them with a COI? ☐ Yes ☐ No
☐	Conventions	Number of days held annually: _____
☐	Motorized Events (tractor pulls, mud bogs, etc.)	Type of event: _____
		Number of days held annually: _____
☐	Bingo	Number of days held annually: _____
☐	Hall rentals	Number of days rented annually: _____
		Written agreement signed by renter? ☐ Yes ☐ No If yes, attach specimen copy.
		COI obtained if renter is other than an individual? ☐ Yes ☐ No
☐	Social Club	Square footage of club: _____

Do you have Boats greater than 100 hp?	Number: _____ If physical damage coverage is desired please be sure to schedule under portable equipment. (do not include jet skis or wave runners)
Do you have Liquor exposure?	Which of the following best describes the organization's use of alcoholic beverages? ☐ The organization sells alcohol year-round (bar or club). ☐ The organization sells alcohol at special events. Describe event(s): _____
	Show annual gross receipts: $ _____
	☐ The organization prohibits alcohol on the premises and at sponsored function.
	Does the organization permit alcohol on the premises or at sponsored functions, but not sell it? ☐ Yes ☐ No
Do you have Haz Mat exposure?	Do you have a specially organized hazardous materials response team as part of your organization? ☐ Yes ☐ No
	If yes, provide # of calls: _____
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, do you routinely monitor the tank(s) to ensure they are not leaking? ☐ Yes ☐ No If yes, how frequently? _____
	Do employees know and follow release reporting, investigation and confirmation procedures? ☐ Yes ☐ No
Do you have Pollution Class B Firefighting Foam exposure?	In your inventory, do you have any Class B foam? ☐ Yes ☐ No If yes, how many gallons? _____
	Is the foam labeled "Fluorine Free"? ☐ Yes ☐ No
	If no, have these foam containers been isolated within a leak containment enclosure and removed from use (fire ground, training, etc.)? ☐ Yes ☐ No
	Do you have a plan to properly dispose of this foam? ☐ Yes ☐ No
	If yes, when and how? _____

Do you have Junior Firefighters?	Do you sponsor a Junior Firefighter program (or explorer post), youth camp, or events involving minors? If yes, please identify the written policy and procedure items you have in place.	☐ Yes ☐ No
	Formal abuse and prevention and control program	☐ Yes ☐ No
	Zero Tolerance Statement	☐ Yes ☐ No
	Annual Employee training and communication	☐ Yes ☐ No
	Response to an allegation procedure	☐ Yes ☐ No
	Criminal Background checks	☐ Yes ☐ No
	Supervision of Youth	☐ Yes ☐ No
	Anti-retaliation and False Allegations	☐ Yes ☐ No
	Validation of compliance – oversight, supervision and validation	☐ Yes ☐ No
Do you desire Employer's Liability Coverage?	If your Workers' Compensation coverage does <u>not</u> provide Employer's Liability, do you want Employer's Liability coverage as part of General Liability? If yes, provide total annual payroll: $ _____	
	Limits desired: **"Bodily Injury" by accident each accident** **"Bodily injury" by disease policy limit** **"Bodily injury" by disease each "employee" or volunteer** _____	

CRIME ☐ Yes ☐ No

Do checks require at least two signatures?	☐ Yes, in excess of $ _____	☐ No
Do purchases require the signed approval of two or more people?	☐ Yes, in excess of $ _____	☐ No
Are bank accounts, credit card statements and vendor payments reconciled at least monthly?	☐ Yes	☐ No
Are bank accounts and credit card statements reconciled by someone not authorized to deposit, withdraw or use the card?	☐ Yes	☐ No
Are you aware of, or do you have knowledge of, any dishonest or criminal act committed by any of your members prior to the date of this questionnaire, whether committed during the course of their membership with you or otherwise? If yes, explain: _____	☐ Yes	☐ No
Are financial records audited by outside parties? ☐ Yes ☐ No If yes, how often? _____ Is the audit certified? ☐ Yes ☐ No		

Note: If you are requesting a bond that exceeds $4,000,000 in limits, please provide us with your most current financial statement.

☐ Employee Dishonesty – Blanket (CBB) Limit: $ _____ (for use with non-governmental entities)	☐ Public Employee Dishonesty – Blanket Limit: $ _____ (for use with governmental entities) Includes Treasurers and Tax Collectors
Faithful performance is not available for non-governmental entities. If specifically required in the organization's by-laws, constitution, or resolution, please provide copy.	Faithful Performance Coverage: ☐ Yes ☐ No

Below, please indicate the entity to be covered by the Employee Dishonesty – Blanket (CBB) or Public Employee Dishonesty – Blanket (PEBB) bonds. If more entities are to be covered, please include additional information in the "Wrap-Up" section of this application.

Who are your Covered Entities?	Covered Entity for CBB or PEBB If more entities are to be covered, please include in the "Wrap-Up" section of this application.	**Applies to:** CBB	PEBB

☐ Employee Dishonesty - Position Schedule Bond

Position	Number in Position	Covered Entity (if more than one)	Limit	Excess over Blanket Y/N	Faithful Performance (governmental entities only)
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

☐ Employee Dishonesty - Name Schedule Bond

Name	Covered Entity (if more than one)	Limit	Excess over Blanket Y/N	Faithful Performance (governmental entities only)
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Note: Forgery or Alteration, Computer Fraud and Identity Fraud Expense are coverage extensions that are only available if Employee Dishonesty coverage was requested.

☐ Forgery or Alteration	Limit:	☐ $25,000	☐ $50,000	☐ $100,000	☐ $250,000	☐ Other $ _____
☐ Computer Fraud *	Limit:	☐ $25,000	☐ $50,000	☐ $100,000		
☐ Identity Fraud Expense *	Limit:	☐ $25,000				

* $10,000 limit is included automatically for any insured that purchases blanket employee dishonesty or blanket public employee dishonesty coverage of $10,000 or more.

AUTO ☐ Yes ☐ No

(Vehicle Schedule Addendum is available on website if there are more vehicles.)

What Coverages and Limits do you desire?

Liability Limit (Combined Single Limit): ☐ $300,000 ☐ $500,000 ☐ $1,000,000

Uninsured/Underinsured Motorists Limit: _____

PIP Limit: _____ Med Pay Limit: _____

Primary Liability coverage for members' personally owned and hired vehicles? ☐ Yes ☐ No

Deductibles:

Comprehensive: ☐ $1,000 ☐ $3,000 ☐ $5,000 ☐ $10,000

Collision: ☐ $1,000 ☐ $3,000 ☐ $5,000 ☐ $10,000

Optional Deductibles if desired:

Comprehensive: ☐ $1,000 ☐ $3,000 ☐ $5,000 ☐ $10,000

Collision: ☐ $1,000 ☐ $3,000 ☐ $5,000 ☐ $10,000

As part of your Standard Operating Procedures (SOPs) / Standard Operating Guidelines (SOGs), do you have the following:

Are Motor Vehicle Records (MVRs) checked on all members that drive apparatus?	☐ Yes	☐ No
If yes, what frequency? ☐ Pre-hire then annually ☐ Pre-hire then every three (3) years	☐ Other, explain:	_____
Do you have an emergency vehicle driver/operator program?	☐ Yes	☐ No
Do you conduct driver training?	☐ Yes	☐ No

VEHICLE CLASSIFICATION

Ambulance	ATV	Bus 9-20 seats	Bus 61+ seats	Mobile Equipment	Motorhome	Service	Service Tractor	Trailer Over 2000 lbs.
Antique	Bus 1-8 seats	Bus 21-60 seats	Fire Truck	Motorcycle	PPT	Service Tow	Snowmobile	Trailer Under 2000 lbs.

VEHICLE PE CLASS CODES

AC	Air Cascade Unit	**BUS**	Bus	**MP**	Mini Pumper	**PT**	Pumper/Tanker	**S**	Salvage Truck	**TRL**	Trailer
AD	Aerial Device	**BV**	Brush Vehicle	**OTH**	Other	**QLDH**	Quint with large diameter hose	**SERV**	Service Vehicle		
ALS	Advanced Life Support Ambulance	**CF**	Chemical and Foam Unit	**PLDH**	Pumper with large diameter hose	**QR**	Quint (regular)	**SNOW**	Snowmobile		
ANTQ	Antique	**FR**	First Responder Vehicle	**PPT**	Private Passenger	**RTH**	Heavy Rescue Truck	**T**	Tanker		
BLS	Basic Life Support Ambulance	**HM**	Hazardous Materials Vehicle	**PR**	Pumper (regular)	**RTL**	Light Rescue Truck	**TOUR**	Tournament Vehicle		

Agreed value coverage is provided for fire trucks, ambulances, antiques and trailers. Agreed value coverage can be requested on PPTs less than five years old (not available in MA). ACV can be quoted for all other vehicle types. Cost new must be provided. **Chief's Vehicles** will be insured on an Agreed Value basis but must be identified in the Insured Identifier Section below.

Veh #	Year	Make	Description (Model / Type)	Vehicle Classification	Vehicle PE Class	Serial Number (VIN)	Agreed Value	Cost New ACV	Insured's Identifier (How YOU refer to this vehicle) Example: Chief's Vehicle	Garaged at Premises #
EX.	**2004**	**Freightliner**	**Pumper Large Diameter Hose**	**Fire Truck**	**PLDH**	**1HTLFTVL6KH666870**	**$250,000**		**Ladder Co. 49**	**3**
1										
2										
3										
4										
5										
6										
7										

Veh #	Year	Make	Description (Model / Type)	Vehicle Classification	Vehicle PE Class	Serial Number (VIN)	Agreed Value	Cost New ACV	Insured's Identifier (How YOU refer to this vehicle) Example: Chief's Vehicle	Garaged at Premises #
EX.	2004	Freightliner	Pumper Large Diameter Hose	Fire Truck	PLDH	1HTLFTVL6KH666870	$250,000		Ladder Co. 49	3
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Rental Reimbursement?

Rental Reimbursement is automatically provided for Fire Trucks (7909), Ambulances (7919), $300 per day for up to 40 days. Do you want coverage for other vehicles? If so, please specify which vehicles:

Applies to Vehicle #'s: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Amount per day: _____ Number of days: _____

Do you have any Converted vehicles?

Have any vehicles been converted from a previous use (oil tankers, military vehicles, delivery vans, etc.)? ☐ Yes ☐ No

If yes, indicate vehicle number(s): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

If yes, is there a water tank on any of these vehicles? ☐ Yes ☐ No

Do you have any Garage exposure?

Does the applicant have any Garage Liability or Garagekeeper's exposure (for example, repairing the vehicles of others)? ☐ Yes ☐ No

If yes, Address where you conduct Garage Operations: _____ City: _____ State: _____ Zip: _____

If yes, Limit of Insurance: $_____ Maximum limit available is $2,500,000.

If yes, Comprehensive Deductible: ☐ $250/$1,000 ☐ $500/$2,500 All Perils for Each Customer's Auto / Maximum Deductible for All Loss in Any One Event

Collision Deductible: ☐ $250 ☐ $500 For Each Customer's Auto

☐ Add'l Insured Lessor
☐ Loss Payee

Name: _____

Address: _____ _____ City: _____ State: _____ Zip: _____

Applies to Veh #'s: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

☐ Add'l Insured Lessor
☐ Loss Payee

Name: _____

Address: _____ _____ City: _____ State: _____ Zip: _____

Applies to Veh #'s: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

PORTABLE EQUIPMENT ☐ Yes ☐ No

Blanket Coverage: You must complete the "Vehicle PE Class" column on the vehicle schedule.

Deductible:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Optional Deductible if desired:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000

Scheduled Coverage: Please provide the following for any item you wish to have separately scheduled.

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

Item #	Description	Serial Number	Unit Value	Quantity

(Portable Equipment Addendum is available on website if there are more items.)

Search and Rescue Dogs: Please provide the following for each animal. Attach a separate sheet if necessary.

Breed	Sex	Year of Birth	Name	Agreed Value

Drones (Unmanned Aircraft Systems)

Does your organization own or operate drones? ☐ Yes ☐ No

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

Are all operations being conducted in accordance with FAA rules? ☐ Yes ☐ No

How many personnel are authorized to operate the drones? _____

How many hours of training are required prior to personnel being authorized to operate the drones? _____

Does the insured have written policies and procedures that address storage and accessibility to the drone only by qualified operators? ☐ Yes ☐ No

Does your organization loan, rent or lease the drones to others? ☐ Yes ☐ No

If yes,

a. Describe to whom: _____

b. Will you loan, rent or lease: ☐ with your authorized operator ☐ without your operator

MANAGEMENT LIABILITY ☐ Yes ☐ No

Management Liability Limits for each offense or wrongful act/aggregate will match the General Liability limits for each occurrence/aggregate as selected in the General Liability section.

☐ Claims made basis

Do you have knowledge of any incidents which would cause a reasonable person to believe that a claim or suit might result? ☐ Yes ☐ No

If yes, please give complete details, including date:

☐ Occurrence basis

Please indicate whether you:

☐ are currently insured on an occurrence basis for Management Liability coverage, or

☐ do not currently carry Management Liability coverage, or

☐ will purchase an extended reporting period from your current claims made carrier when you move your coverage to VFIS

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	☐ Yes	☐ No	Discipline	☐ Yes	☐ No	
Dismissal	☐ Yes	☐ No	Promotions	☐ Yes	☐ No	
Discrimination	☐ Yes	☐ No	New employee / volunteer orientation	☐ Yes	☐ No	
Sexual Harassment	☐ Yes	☐ No	Performance evaluation	☐ Yes	☐ No	☐ N/A

IMPORTANT NOTE: When coverage is bound, a completed and signed "Claims Made" Management Liability Supplemental Application will be required if coverage is being written on a claims made basis. We will provide you with the supplemental application with your proposal.

Cyber Liability protects you when claims are made against you for monetary damages arising out of a Security Failure or Privacy Event. The limit for Each Security Failure and Privacy Event will be the same as the Management Liability each offense or wrongful act limit, subject to the Management Liability aggregate; however the aggregate shall not exceed $3,000,000.

Cyber Liability ☐ Yes ☐ No If electing Cyber Liability, please complete the Event Management Coverage section and questions below.

Event Management Coverage reimburses for event management loss you incur as a result of a privacy event or extortion threat first discovered during the policy period. This provides coverage for professional expertise in the identification and mitigation of a privacy breach.

☐ $50,000 each privacy event or extortion threat / $50,000 aggregate automatically included

☐ $100,000 each privacy event or extortion threat / $100,000 aggregate

☐ $250,000 each privacy event or extortion threat / $250,000 aggregate

☐ $500,000 each privacy event or extortion threat / $500,000 aggregate

1. ☐ Yes ☐ No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2. ☐ Yes ☐ No Do you use antivirus software on all desktops, portable computers and mission critical servers?
3. ☐ Yes ☐ No Are antivirus applications updated in accordance with the software provider's requirements?
   How often?
4. ☐ Yes ☐ No Do you have a written information security and privacy policy?
5. ☐ Yes ☐ No Do you backup your computer data and store it off site?
6. ☐ Yes ☐ No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?
7. ☐ Yes ☐ No Is remote system access provided?
   ☐ Yes ☐ No If so, is multi-factor authentication (MFA) in place for all remote access?
8. ☐ Yes ☐ No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If yes, please explain:

EXCESS LIABILITY ☐ Yes ☐ No

What Coverages and Limits do you desire?	Limits desired: $ _____ occurrence / $ _____ aggregate
	Note: Underlying liability limits of $1,000,000 are required. Coverage desired excess of: ☐ General Liability ☐ Management Liability ☐ Automobile Liability

WRAP-UP INFORMATION

If available, include the current premiums and attach loss runs for the past four years.

_____

_____

_____

NOT APPLICABLE IN MISSOURI; DO NOT ANSWER FOR MISSOURI INSUREDS

Answer in all states except Missouri: Has your current insurance been cancelled or non-renewed? ☐ Yes ☐ No

If yes, please provide details:

_____

Name of Producing Agency: _____

Agency's Address: _____

Street or PO Box City State Zip Code

Agency's Phone: _____

If you are not licensed as a broker, are you a property/casualty agent? ☐ Yes ☐ No

Producer or CSR (for contact purposes): Name: _____

First Name MI Last Name

Email: _____

If you have never placed business with us before, please provide the person responsible for agency/brokerage licensing and contracting:

- Contact's Name: _____

  First Name MI Last Name
- Contact's Email: _____
- Contact's Direct Phone: _____

VFIS®, VFIS® with design and Volunteer Firemen's Insurance Services, Inc.® are all registered service marks of the same PA Corporation.

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Vermont	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Your signature below acknowledges that you have read the Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

Applicant's signature: _____ **Title**: _____ **Date**: _____

Agent's signature: _____ **Date:** _____

VFIS Building Valuation Form
(Photo & Diagram of Building Must Accompany Completed Form)

Submitted by _____ **Date** _____
Policy # _____ **Location #** _____
Insured _____
Mailing Address _____
City _____ **State** _____ **Zip** _____

Location Address _____
City _____ **State** _____ **Zip** _____

Current Insured Amount $ _____
List the Year(s) when built _____
SEE EXAMPLE ON PAGE 3 FOR THE FOLLOWING ITEMS

Indicate the ***number*** of stories (not including basement)
☐ 1 story ☐ 1 ½ stories ☐ 2 stories ☐ Other _____

Indicate the ***height*** of each story (check all that apply) ☐ 10' ☐ 12' ☐ 14' ☐ 16' ☐ 18' ☐ Other _____

Gross Floor Area (include all floors except basement)
1st fl. _____ sq ft. + 2nd fl _____ sq ft. + 3rd fl _____ sq ft = Total Sq Ft. _____

Building Perimeter – Indicate approximate perimeter by each floor in feet
1st fl. _____ feet + 2nd fl _____ feet + 3rd fl _____ feet = Total Perimeter _____

Indicate Design Quality

1. Economy – plain bldg. design; interiors plain or unfinished; minimal plumbing & electric ☐
2. Average – most common design for type bldg. – basic design limited trim & ornamentation ☐
3. Superior – complex roof lines; moderate ornamentation; good interior finishes & fixtures ☐
4. Premium – individually designed with high cost materials & workmanship ☐

Indicate how building occupancy is best described (check all that apply)

Apparatus room only - small office, storage, restrooms	☐
Apparatus room - office meeting room, kitchenette	☐
Apparatus room - office training rooms, kitchen, sleeping quarters	☐
Social hall; kitchen; restrooms	☐
Office Building	☐
Other – Describe	☐

Indicate the ISO Constructions Class by %. Must total 100%

Class 1 Frame	%
Class 2 Masonry (Joisted Masonry)	%
Class 3 Noncombustible (Butler Style)	%
Class 4 Masonry Noncombustible	%
Class 5 Modified Fire Resistive: < *2 hrs fire rating*	%
Class 6 Fire Resistive: > *2 hrs fire rating*	%

Substructure Information

Basement, Unfinished _____ sq ft Basement, Finished _____ sq ft.
Basement occupancy? ☐ Storage ☐ Office ☐ Social Hall ☐ Garage ☐ Other _____
Indicate ISO Construction Class of basement _____
Basement depth/story height ☐ 6' ☐ 8' ☐ 10' ☐ 12' ☐ 14' ☐ 16' ☐ 18' ☐ Other _____
Other Substructure 1.Crawl Space _____ sq ft 2.Stilts-wooden _____ sq ft
3.Stilts/pylons concrete _____ sq ft 4. None _____ sq ft

Risk Control Use Only

Insured Amount

# of Stories

Total Area

Perimeter

Design Quality
Economy 1
Average 2
Superior 3
Premium 4
Premium+ 5

Architectural Fees
☐ 0% ☐ 3% ☐ 5% ☐ 7%

Occupancy/Name Change

☐ 8402 ___ %	☐ 7110 ___ %
☐ 6506 ___ %	☐ 6505 ___ %
☐ 4210 ___ %	☐ 6200 ___ %
☐ 2100 ___ %	☐ 4315 ___ %
☐ Fire	☐ Ambulance
☐ Garage	☐ Social Hall
☐ Other (occ)	
☐ Other (NC)	

Story Heights

Construction Type

1. Frame %	
2. Masonry %	
3. Pre-Engineered %	
4. Steel Frame %	
5. Pro. Steel Frame %	
6. Reinforced Concrete %	

Basement Type

Unfinished sq. ft.	
Finished sq. ft.	
Occ. _____	ISO . _____
Depth _____ ft.	
1. sq ft	2. sq ft
3. sq ft	4. sq ft
Wall Opening _____ %	

Building Exterior

Wall Type	% of wall	Risk Control Use Only	Wall Type	% of wall	Risk Control Use Only
Brick, on studs	%	%	Siding, metal/vinyl, on studs	%	%
Brick, on masonry	%	%	Siding, metal/vinyl, on girts	%	%
Brick, solid (12")	%	%	Siding, metal/vinyl, on masonry	%	%
Brick, solid (24")	%	%	Siding, wood, on studs	%	%
Concrete, block	%	%	Siding, wood, on masonry	%	%
Concrete, block, Split Face	%	%	Stone, on frame	%	%
Concrete, poured-in-place	%	%	Stone, on masonry	%	%
Concrete, pre-cast panels	%	%	Stone, solid (12")	%	%
EIFS, on studs (Dryvit)	%	%	Stucco, on studs	%	%
EIFS, on masonry (Dryvit)	%	%	Stucco, on masonry	%	%
Insulated sandwich panel	%	%	None	%	%

Mechanicals

Heating Systems	% of system	Risk Control Use Only	Heating Systems	% of system	Risk Control Use Only
Boiler & piping only	%	%	Steam or hot water w/radiators	%	%
Electric baseboard or wall unit	%	%	Steam or hot water w/unit heaters	%	%
Forced hot air	%	%	Thru-wall units	%	%
Gas, oil or electric suspended unit heaters	%	%	Ventilation only	%	%
Heat pump	%	%	None	%	%
Rooftop unit	%	%			

Cooling Systems	% of system	Risk Control Use Only	Cooling Systems	% of system	Risk Control Use Only
Chilled H20 w/air handlers	%	%	Rooftop unit	%	%
Chilled H20 w/fan coil units	%	%	Thru wall units	%	%
Evaporative coolers	%	%	Unit AC – air cooled	%	%
Forced cool air	%	%	Unit AC – H20 cooled	%	%
Heat pump	%	%	None	%	%

Fire Protection Systems (Indicate "Y" or Percent of Square Footage Covered)

Sprinkler System – automatic fire sprinkler system (SS) **(SS)** _____ **"Y" or %**

Manual Fire Alarm System – manual fire alarm system includes pull stations with either a horn or bell, or a light. (FAS) **(FAS)** _____ **"Y" or %**

Automatic Fire Detection System – automatic fire detection system includes a smoke and/or fire detection system that activates the fire alarm system (AFD) **(AFD)** _____ **"Y" or %**

Elevators

Passenger Elevator _____ **# of Elevators**

Freight Elevator _____ **# of Elevators**

Building Condition – (please check box which best describes current condition of building)

Excellent – new; like new; very well maintained; no signs of needed maintenance or repair ☐ **(1)**

Good – well maintained; some minor deterioration is visible ☐ **(2)**

Average – building shows normal wear and tear ☐ **(3)**

Poor – definite deterioration; obvious lack of maintenance and upkeep ☐ **(4)**

Very Poor – approaching unsound condition ☐ **(5)**

(Risk Control Use Only) Effective Age or Depreciation % _____

Mezzanines – by type and square footage

Finished mezzanine **(3075)** _____ **sq. ft. (3075)**

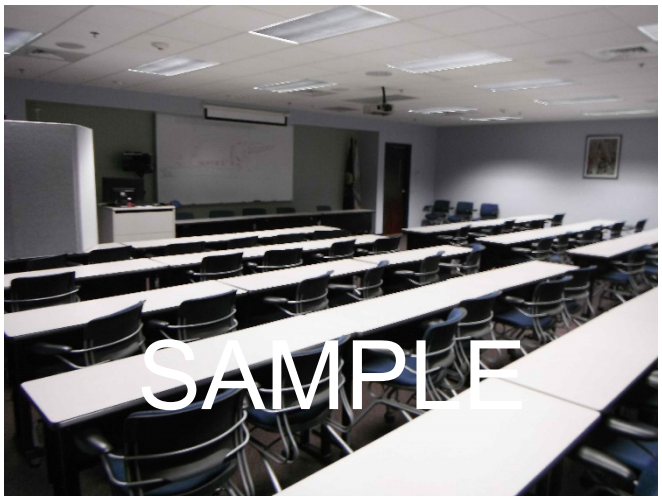
Partially finished mezzanine **(3076)** _____ **sq. ft. (3076)**

Unfinished mezzanine **(3077)** _____ **sq. ft. (3077)**

ATTACH PHOTOS AND PROVIDE DIAGRAM OF BUILDING

Note: Attach Photos and Provide Diagram of Building

Left Front OR Right Front Angle (two sides)	Opposite Rear Angle (two sides)

At Least Two Interior Photos: (Bay, Office Space, and Kitchen)	
	

Photos of Building Must Accompany Completed Form

ACCIDENT & SICKNESS
Supplemental Application

Important Note: If quoting A&S only, pages 1 and 2 of this application must be completed.

Current Carrier: _____ Date Proposal Needed By: _____

Number of locations with emergency operations? _____ Population of area served on a first call basis: _____

Do you operate an ambulance? ☐ Yes ☐ No

Does your organization perform medical evaluations meeting the requirements of NFPA 1582 or OSHA CFR 29 910.134 Respiratory Protection Standard? ☐ Yes ☐ No

Does your organization have a Safety Officer meeting the requirements of NFPA 1500 and/or NFPA 1521? ☐ Yes ☐ No

Members to be Covered			Employees are considered Full Time if regularly scheduled 30 or more hours per week.
	Number of paid employees full-time:		
	Number of paid employees part-time:		
	Number of volunteers:		
	Number of administrative personnel:		
	Number of auxiliary members:		
	Number of junior members:		
	Number of publicly elected (trustees, commissioners or directors):		

Illinois and Ohio: Please complete Supplement for Membership Classification. Contract the VFIS Regional Director for additional information.

Who is covered by Workers' Compensation? ☐ Volunteers ☐ Paid Personnel

Volunteers are covered for: ☐ Disability? ☐ Medical? ☐ Both?

Specify Carrier: _____

Medical Expense Benefits:			
	Volunteers	☐ Excess	☐ Primary
	Full-time paid employees	☐ Excess	☐ Primary

THREE YEAR LOSS HISTORY *(attach loss runs when available)*				
Date	Type	Paid	Reserved	Total Incurred

Benefit Limits: ***(enter limits below)***

Accidental Death & Dismemberment/Loss of Life ($20,000-$500,000)	Weekly Indemnity First 28 Days ($100-$1,000)	Weekly Indemnity After 28 Days ($100-$1,000)	Medical Expense ($2,500-$100,000)

Optional Benefits: ***(check all benefits to be quoted)***

☐	Weekly Hospital Benefit	☐	Extra Expense
☐	First Week Total Disability	☐	$ _____ 24-Hour AD&D - Injury Only **
☐	Coordinated 28 Day Total Disability Benefit *	☐	$ _____ Off-Duty AD&D - Injury Only **
☐	Extended Total Disability		
☐	Long-Term Total Disability	☐	Member Family Assistance Program
☐	Weekly Injury Permanent Impairment Benefit COLA		
☐	Long-Term Total Disability Benefit COLA *		
**Not available in all states.*			
***Coverage cannot be bound without a copy of the insured's roster indicating the members covered for this benefit.*			

Billing Schedule: Annual ☐ **Semi-Annual Installments** ☐ ***($1,500 minimum premium; Not available in MA, RI or WA.)***

Florida Only: ☐ Yes ☐ No – Florida Statutory Death Benefits per Title X, Chapter 112.191(a), (b) and (c).

Name of Producing Agency: _____

Agency's Address: _____

Agency's Phone: (____) _____

Applicant's signature: _____ **Title**: _____ **Date**: _____

Agent's signature: _____ **Date:** _____

SPECIALTY BENEFITS
Supplemental Application

GROUP TERM LIFE ☐ Yes ☐ No

Data Required: Census data including member's name and date of birth.

Proposed Effective Date for the Plan: _____

Basic Face Amount including Basic AD&D: $ _____

Reduction Schedule: **(Please check one)**
- ☐ Standard Reduction (50% at age 70)
- ☐ None
- ☐ Other (explain) _____

Type of Organization: ☐ Volunteer ☐ Career ☐ Combination (Volunteer/Career)

CRITICAL ILLNESS ☐ Yes ☐ No

Proposed Benefits	**Critical Illness** (Covered Illness – Cancer, Heart Attack and Stroke)	**AD&D**	**Aggregate limit** (per covered accident)
☐ Option 1	$10,000	$10,000	$500,000
☐ Option 2	$20,000	$10,000	$500,000
☐ Option 3	$30,000	$10,000	$500,000

Number of Eligible Persons: _____

Applicant's Signature: _____ **Title:** _____ **Date:** _____

Agent's Signature: _____ **Date:** _____