M.E.M.O.S. Submission Checklist

Supplemental assessment of your submissions' management, exposures, maintenance, operations, and safety to help underwriters better understand the risk.

As an independent agent or broker, you serve as the "boots on the ground" for your carrier and program partners—and that means you have knowledge, observations, and insights that most underwriters simply don't. That's why we suggest **completing and delivering this "MEMOS" checklist with submissions, along with loss runs and photos**, to help paint a picture for your underwriter so that they can more accurately understand and price the risk.

(M)

Management Assessment:

Discuss separately for management and rostered team members.

1. Experience level:
2. Years of service:
3. Turnover rate:
4. Division of duties:
5. Fitness for duty:
6. Succession plans?
   ☐ Yes ☐ No
7. Quality of relations between management and team:

(E)

Exposures Assessment:

1. Flood or storm surge?
   ☐ Yes ☐ No
2. Additional tenants or operations at location?
   ☐ Yes ☐ No
   Additional details:
3. Population and traffic density, including neighboring metropolitan areas:
4. Unique apparatus or equipment?
   ☐ Yes ☐ No
   Additional details:

5. Special events?
   ☐ Yes ☐ No
   Additional details:

6. Quality of community relations:

(M)

Maintenance Assessment:

1. General condition of premises:
   ☐ Poor ☐ Fair ☐ Good ☐ Very Good
   ☐ Excellent
2. Sprinklers and smoke detectors?
   ☐ Yes ☐ No
3. Upkeep and repairs—both inside and out?
   ☐ Yes ☐ No
   Additional details:
4. Is electrical more than 35 years old?
   ☐ Yes ☐ No
5. Dates of remodels or updates & identify any contractors:
6. Trash and debris removal?
   ☐ Yes ☐ No
7. Condition of secondary and appurtenant structures:
   ☐ Poor ☐ Fair ☐ Good ☐ Very Good
   ☐ Excellent
   List Structures:
8. General condition of equipment, hoses, and turnout gear:
   ☐ Poor ☐ Fair ☐ Good ☐ Very Good
   ☐ Excellent
9. Evidence of routine inspections?
   ☐ Yes ☐ No
10. Evidence of maintenance records?
    ☐ Yes ☐ No
11. Equipment storage:
    ☐ Poor ☐ Fair ☐ Good ☐ Very Good
    ☐ Excellent
12. Secure storage for medical supplies?
    ☐ Yes ☐ No
    Additional details:

(O)

Operations Assessment:

1. The nature of the corporate structure:

2. Relationships between and among all named insureds:

3. Working bylaws, procedures, and guidelines?
   ☐ Yes ☐ No

4. Unique contractual relationships?
   ☐ Yes ☐ No
   Additional details:

5. Condition and security of personnel files:
   ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

6. Signing practices and expenditure approval protocols:
   ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

7. Unique or unusually hazardous firefighting exposures in the service area?
   ☐ Yes ☐ No
   Additional details:

8. Wildlands or urban interface exposures?
   ☐ Yes ☐ No
   Additional details:

(S)

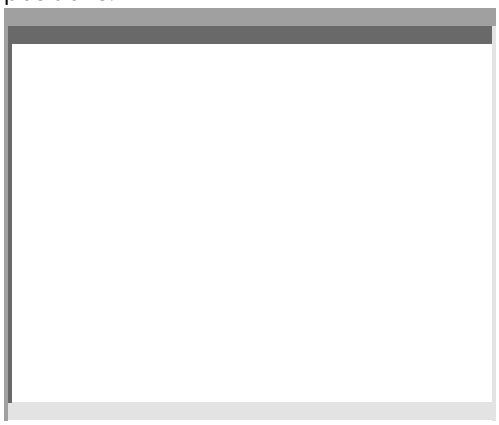
Safety Assessment:

1. Driver training programs and documentation
   ☐ Yes ☐ No
   List program(s):

2. Frequency of MVR checks and method(s) of sanction for infractions
   ☐ Yes ☐ No

3. Use of seat belts during drills and under emergency conditions
   ☐ Yes ☐ No

4. Frequency and level of training for specific positions:



5. Use of spotters when backing
   ☐ Yes ☐ No

6. Response protocol: to the station or go directly to the scene in their own vehicles
   ☐ Use of personal vehicles
   ☐ No use of personal vehicles

   Additional details: