



## NEW BUSINESS APPLICATION FIRST FIRE SERVICES

**PART A – GENERAL INFORMATION**

Part A, Page 1 of 2

<b>1. Entity</b>			
<b>Application Date:</b>		<b>Proposal Due Date:</b>	
Legal Named Insured:			
Proposed Effective Date:			
Mailing Address:			
City, State, Zip:		Population Served:	
FEIN:		Website:	
<b>Primary Insured Contact:</b>			
Email:		Phone:	
<b>Risk Control Contact:</b>			
Email:		Phone:	
<b>2. Submitting Agency</b>			
Agency:			
Mailing Address:			
Producer:		Email:	
Phone:		Fax:	
<b>3. Type of Organization</b>			
<input type="checkbox"/>	Fire Suppression only (No EMS)	<input type="checkbox"/>	Fire & Rescue/EMS
<input type="checkbox"/>	Rescue/EMS or Ambulance Squad only	<input type="checkbox"/>	Other:
Is this organization a governmental subdivision? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	Municipal/City/Township or County Owned and Controlled?		
<input type="checkbox"/>	Independent, such as: <input type="checkbox"/> Non Profit Corp <input type="checkbox"/> For Profit Corp <input type="checkbox"/> Fire/EMS District <input type="checkbox"/> Other		
<b>4. Coverage Requested</b>			
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	Excess Liability
<input type="checkbox"/>	Management Liability	<input type="checkbox"/>	Property / Equipment Breakdown
<input type="checkbox"/>	Employment Practices Admin	<input type="checkbox"/>	Equipment / Inland Marine
<input type="checkbox"/>	Employee Benefits Admin	<input type="checkbox"/>	Crime
<input type="checkbox"/>	Automobile Liability	<input type="checkbox"/>	Flood
<input type="checkbox"/>	Automobile Physical Damage	<input type="checkbox"/>	Earthquake

**5. Expiring Information**

Line of Coverage	Carrier	Limit	Occurrence / Claims Made	Retro Date	Ded or SIR	Ded/SIR	Premium
General Liability					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Management Liability					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Employment Practices Admin					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Employee Benefits Admin					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Automobile Liability					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Automobile Physical Damage					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Excess Liability					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Property/Equip Breakdown					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Equipment/Inland Marine					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Crime					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Flood					<input type="checkbox"/> <input type="checkbox"/>	\$	\$
Earthquake					<input type="checkbox"/> <input type="checkbox"/>	\$	\$

**6. Loss History & Large Loss Detail**

*Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus three (3) preceding policy terms. Provide details for individual losses exceeding \$25,000.*

**7. Prior Acts**

Y  N Does the applicant have any knowledge of any incident(s), accident (s) or occurrence(s) which may result in a claim? If **Yes**, explain.

Y  N Have any of these events been reported to a current or previous carrier? If **Yes**, explain.

**8. Operating Controls**

Y  N Are certificates of insurance required from your subcontractors? If **Yes**, explain:

Y  N Are you named as an additional insured on your subcontractors' liability policies?

Y  N Does the entity have a formalized risk management procedure or program?

Y  N Does your entity maintain formal education and training programs?

**Do the formal procedures include the following?**

- Y  N Written Safety or Loss Prevention Manual
- Y  N Employee or Volunteer Training Meeting
- Y  N Property or Equipment Inspection and Maintenance Logs
- Y  N Procedures to prevent & report Sexual Harassment
- Y  N Accident Investigation Program

**Describe any other formal or informal operating controls:**

**PART B – PROPERTY** Part B, Page 1 of 1

1. Property Deductible Requested?	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> Other:
2. What coinsurance %, if any, is requested?	<input type="checkbox"/> 90%	<input type="checkbox"/> 80%	<input type="checkbox"/> None	
3. <input type="checkbox"/> Y <input type="checkbox"/> N	Any items on the property schedule to be insured as fine arts? Identify items on schedule and limits required.			
4. <input type="checkbox"/> Y <input type="checkbox"/> N	Any loss payees or additional insured interests applicable to any properties? If <b>Yes</b> , please list item # and interest.			
5. <input type="checkbox"/> Y <input type="checkbox"/> N	Any vacant property locations?			
6. <input type="checkbox"/> Y <input type="checkbox"/> N	Any locations over 30 years old? If <b>Yes</b> , list location(s), renovations, and date completed.			
7. <input type="checkbox"/> Y <input type="checkbox"/> N	Do you currently have any property in the “course of construction” or do you plan to have any new additions, renovations, or expansions?			
	If <b>Yes</b> , describe:			
	Cost of construction:			
8. <input type="checkbox"/> Y <input type="checkbox"/> N	Is Flood Coverage requested? If <b>Yes</b> , list Location(s), Limit and Deductible.			
9. <input type="checkbox"/> Y <input type="checkbox"/> N	Is Earthquake Coverage requested? If <b>Yes</b> , list Location(s), Limit and Deductible.			
10. <input type="checkbox"/> Y <input type="checkbox"/> N	Are any locations deemed to be a historic building? If <b>Yes</b> , list Location(s).			

**PART C – INLAND MARINE** Part C, Page 1 of 1

1. What types of Fire and/or Rescue equipment are to be insured?	<input type="checkbox"/> Portable Equipment (e.g. communication equipment, EMS Medical Equipment and Turnout gear) <input type="checkbox"/> Watercraft/ATV/Snowmobile and/or Aircraft (including drones) <input type="checkbox"/> Radio Towers, Antennas or Sirens <input type="checkbox"/> Search and Rescue Dogs <input type="checkbox"/> Other:			
2. Please indicate the deductible to be applied to the following:	\$1,000	\$2,500	\$5,000	Other (Please list)
<b>Inland Marine Deductible</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity maintain an equipment inventory?			
4. <input type="checkbox"/> Y <input type="checkbox"/> N	Are all equipment items secured when not in use?			

**PART D – CRIME** Part D, Page 1 of 1

1. <input type="checkbox"/> Y <input type="checkbox"/> N Is Faithful Performance Coverage needed?	
2. What deductible is requested? <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: _____	
3. What security provisions apply?	Describe (who performs, how often etc...)?
<input type="checkbox"/> Audit	
<input type="checkbox"/> Reconciliations	
<input type="checkbox"/> Bank statements	
<input type="checkbox"/> Countersignature	
<input type="checkbox"/> Other:	
4. How are computers and online logins secured?	
5. Does anyone have access to a department credit card (including debit cards)? <input type="checkbox"/> Y <input type="checkbox"/> N	
6. Does anyone have remote access? <input type="checkbox"/> Y <input type="checkbox"/> N	

**PART E – AUTOMOBILE** Part E, Page 1 of 1

Automobile Coverage	Limits Requested
Owned or Leased Automobiles	\$
Hired Automobile Coverage	\$
Non-owned Automobile Coverage	\$
Personal Injury Protection	\$
Automobile Medical Payments	\$
Uninsured Motorists	\$
Underinsured Motorists	\$
Comprehensive Deductible	\$
Collision Deductible	\$

1.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are all of the entity's owned or leased vehicles to be insured under this policy? If <b>No</b> , list vehicles insured elsewhere.
2.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity hire automobiles? If <b>Yes</b> , indicate cost and usage.
3.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity require/provide driver training?
4.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity service any major metropolitan area? Population?
5.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity have black box or voice recorders?
6.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity require Commercial Drivers Licensing (CDL)?
7.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity check Motor Vehicle Records on all members pre hire?
8.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are Motor Vehicle Records checked periodically for current members?
9.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity have a formalized automobile safety program in place?
10.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity review each motor vehicle accident?
11.	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity have a formalized automobile maintenance program in place?
12.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD? <i>If Yes, note vehicle unit #s and requested values on submitted automobile schedule. Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage.</i>

**PART F – GENERAL LIABILITY**

Indicate presence of each item by checking the appropriate box:

1. Operations	Exposure? (Y / N)	Additional Information
Does your operation sell subscription for service?	<input type="checkbox"/> / <input type="checkbox"/>	
Do you use Firefighters or EMS personnel that are contracted to you by a leasing company?	<input type="checkbox"/> / <input type="checkbox"/>	
Do you contract out any of your Firefighters or EMS personnel?	<input type="checkbox"/> / <input type="checkbox"/>	
Does the organization utilize a licensed physician as its Medical/EMS Director?	<input type="checkbox"/> / <input type="checkbox"/>	
Do you provide medical transport?	<input type="checkbox"/> / <input type="checkbox"/>	
Does your organization participate in search and rescue operations?	<input type="checkbox"/> / <input type="checkbox"/>	Times per year
Are you involved in any Community Paramedicine/Community Health?	<input type="checkbox"/> / <input type="checkbox"/>	Times per year
Does your organization participate in HAZMAT cleanup operations?	<input type="checkbox"/> / <input type="checkbox"/>	Times per year
Does your organization have any contractual agreements to (provide or receive) services (to or from) other entities? Do any of these contracts require that the organization include the other entity as an additional insured?	<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	Describe:
Does your organization own/operate any watercraft?	<input type="checkbox"/> / <input type="checkbox"/>	Describe:
Does your organization own/operate any aircraft (including drones)?	<input type="checkbox"/> / <input type="checkbox"/>	Describe:
Does your organization have a Junior Firefighter, Cadet or similar program?	<input type="checkbox"/> / <input type="checkbox"/>	
2. What coverage form is requested? <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made (Retro Date: _____ )		
3. What primary General Liability limits are requested? <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000		
4. What General Aggregate Limit is requested? <i>Applies to Coverage A, B, C and D</i> <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <i>Products-Completed-Operations Aggregate will be set equal to General Aggregate Limit requested</i>		
5. What deductible is requested? <i>Note: Underwriters may require higher or lower deductibles than requested</i> <i>If a deductible &gt; \$25,000 or self-insured retention is requested, mark as "other" and specify amount</i> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: _____		
6. <input type="checkbox"/> Y <input type="checkbox"/> N Is Professional Healthcare Liability Coverage requested for EMS operations?		
7. How many of each type of employee are to be included? ____ Career Personnel <span style="margin-left: 200px;">____ Paramedic</span> ____ Emergency Service Volunteers <span style="margin-left: 150px;">____ Emergency Medical Technician</span> ____ All Other (Admin, Non-EMT drivers, Nurses etc.) <span style="margin-left: 100px;">____ First Responder</span>		

**PART F – GENERAL LIABILITY**

8. What is the total annual number of service calls? \_\_\_\_\_  
 \_\_\_\_\_ Emergency Ambulance Calls (Assignment dispatched as true emergency)  
 \_\_\_\_\_ Non-Emergency Ambulance Calls (Assignment was not dispatched as a true emergency)  
 \_\_\_\_\_ Non-Medical Calls (Any Ambulate and/or Wheelchair Transportation)

What is the highest level of EMS services provided?  
 Advanced Life Support  
 Basic Life Support  
 Advanced first Aid/CPR only  
 First Responders only  
 No EMS certification

9.  Y  N Do you purchase workers' compensation insurance?

10.  Y  N Are all paid and volunteer staff covered by Workers Compensation Insurance?

**PART G – MANAGEMENT LIABILITY**

1. What coverage form is requested?  Occurrence  Claims-Made (Retro Date: \_\_\_\_\_)

2. What primary Management Liability limits are requested?  \$500,000  \$1,000,000  \$2,000,000

3. Are increased Aggregate Limits requested?  
 \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

4. What deductible is requested? Note: Underwriters may require higher or lower deductibles than requested  
 If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount

<p><b>Coverage A – Wrongful Acts</b>  <input type="checkbox"/> \$2,500 Loss and Loss Expense  <input type="checkbox"/> \$5,000 Loss and Loss Expense  <input type="checkbox"/> \$10,000 Loss and Loss Expense  <input type="checkbox"/> \$25,000 Loss and Loss Expense  <input type="checkbox"/> Other:</p>	<p><b>Coverage B – Employment Practices and</b>  <b>Coverage C – Employee Benefits Administration</b>  <input type="checkbox"/> \$2,500 Loss and Loss Expense  <input type="checkbox"/> \$5,000 Loss and Loss Expense  <input type="checkbox"/> \$10,000 Loss and Loss Expense  <input type="checkbox"/> \$25,000 Loss and Loss Expense  <input type="checkbox"/> Other:</p>
---	--

5. Management Liability is rated on operating budget – how is the budget provided to OneBeacon?  
 Attached to this application  Link to website located here:

6. How many of the following does the entity have?  
 \_\_\_\_\_ Board Members, Public Officials, Directors, or Officers?  
 \_\_\_\_\_ Full-Time Paid Employees? \_\_\_\_\_ Part-Time Paid Employees?  
 \_\_\_\_\_ Temporary or Seasonal Workers? \_\_\_\_\_ Volunteers? (do not include volunteer board members)

7.  Y  N Exclude Employment Practices Liability Coverage?  
 If **Yes**, how are Employment Practices addressed?  Insured Elsewhere  Self-Insured

8.  Y  N Does the entity have a written Policies and Procedures manual/handbook?  
 Does the manual cover the following areas?  
 Hiring or applying for membership  Discipline  
 Dismissal  Promotions  
 Discrimination  Performance Evaluation  
 Sexual Harassment  New Employee / Volunteer Orientation  
 Employment at will  Grievance procedures

**PART G – MANAGEMENT LIABILITY**

9.  Y  N Are employees/members/volunteers trained in these policies and procedures?

10.  Y  N Do all employees and volunteers receive a copy of the Handbook?

11.  Y  N Are established policies and procedures reviewed by legal counsel?

12.  Y  N Does the organization have a personnel (human resources) administrator?

13. Are there any outstanding disputes involving any of the following? Check if **Yes**:

- Civil rights violations?
- Refusal of public service?
- Inadequacy of public service?
- Wrongful takings or condemnation proceedings?
- Approval of building plans or building specifications?

If **Yes** with regard to any outstanding disputes, *not yet a claim*, describe circumstances:

14.  Y  N Are any EEOC, or comparable state agency, hearings outstanding?

If **Yes** with regard to any outstanding employment disputes, *not yet a claim*, describe below:

**PART H – EXCESS LIABILITY**

1. Coverage is to apply over what underlying coverage?

- General Liability
- Management Protection Liability
- Commercial Automobile Liability
- Employers Liability (if so, please provide carrier policy information below)

Carrier:

Term:

Policy #:

Limits:

2. Excess Limit Requested:

- |  |  |
|--|--|
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 Aggregate | <input type="checkbox"/> \$6,000,000 / \$6,000,000 Aggregate   |
| <input type="checkbox"/> \$2,000,000 / \$2,000,000 Aggregate | <input type="checkbox"/> \$7,000,000 / \$7,000,000 Aggregate   |
| <input type="checkbox"/> \$3,000,000 / \$3,000,000 Aggregate | <input type="checkbox"/> \$8,000,000 / \$8,000,000 Aggregate   |
| <input type="checkbox"/> \$4,000,000 / \$4,000,000 Aggregate | <input type="checkbox"/> \$9,000,000 / \$9,000,000 Aggregate   |
| <input type="checkbox"/> \$5,000,000 / \$5,000,000 Aggregate | <input type="checkbox"/> \$10,000,000 / \$10,000,000 Aggregate |

**Legal Named Insured:**

**Proposed Effective Date:**

**Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**APPLICATION CHECKLIST**

- Completed OneBeacon Fire and Emergency Services Application
- Signatures on Application
- Copy of or Link to Applicant's Most Recent Budget
- Verified Loss History, Including Large Loss Details for Current Year and 3 Preceding Policy Terms
- Signed Statement of Values for Property and Equipment/Inland Marine
- Vehicle Schedules Include Cost New and any Agreed Value Requested

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

---

**SIGNATURE OF PROPOSED INSURED**

**TITLE**

**DATE**

---

**SIGNATURE OF AGENT OR BROKER**

**TITLE**

**DATE**