



## FIREPLUS RENEWAL APPLICATION

**Insured:**

**Effective Date:**

**Need-by Date:**

Mailing Address:

Street Address:

Operation Changes:

Net Operating Budget:

**Total Number of (Annual)**

Responses:

Fire & Other Non-Medical Runs:

Emergency Medical or 1st Responder Medical Runs:

Non-Emergency Transports:

Full-Time Members:

Part-Time Members:

Volunteers:

Special Events:

Other: (Please list any other changes or requests below)

### REQUIRED ITEMS: IF THERE ARE ANY CHANGES

- ▶ ACORD Application
- ▶ Additional Insureds
- ▶ Auto Schedule
- ▶ Budget
- ▶ Driver List
- ▶ Property Schedule
- ▶ Scheduled Equipment

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences, which might reasonably lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Insured Signature:

Date:

Producer Signature:

Date: