



FIREPLUS SUPPLEMENTAL APPLICATION

SECTION 1: GENERAL INFORMATION

Applicant Name:			
Mailing Address:			
Street Address:			
Effective Date:		Date Needed:	
Expiring Premium: \$		Target Premium: \$	
Incumbent Carrier:			
Submitting Agency:			
Mailing Address:			
Account Executive:		Email:	
Phone:		FEIN:	

SECTION 2: EXPIRING INFORMATION

Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$	EPLI & EBLI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$
Inland Marine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$	Auto:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$
Crime:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$	Cyber Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$
General Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$	Excess:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$
Public Officials:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Premium: \$	<i>Excess Limit: \$</i>		

SECTION 3: EXPOSURE INFORMATION

3.1	Annual Budget:	\$
3.2	Type of Organization: <input type="checkbox"/> Independent Department <input type="checkbox"/> Fire District <input type="checkbox"/> Publicly-owned <input type="checkbox"/> Other:	
	Type of Department:	
	<div style="width: 30%; border-right: 1px solid black; padding-right: 5px;"> <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 <small><i>(pre-survey may be required)</i></small> </div> <div style="width: 30%; border-right: 1px solid black; padding-right: 5px;"> <input type="checkbox"/> 911 Emergency Dispatch <small><i>(pre-survey required)</i></small> <input type="checkbox"/> First Responder <input type="checkbox"/> Training School <small><i>(call for assistance)</i></small> <input type="checkbox"/> Rescue Squad </div> <div style="width: 30%; padding-left: 5px;"> <input type="checkbox"/> HazMat Team <small><i>(call for assistance)</i></small> <input type="checkbox"/> Hospital EMS <small><i>(pre-survey required)</i></small> <input type="checkbox"/> Relief Association <input type="checkbox"/> Other <small><i>(describe):</i></small> </div>	
3.3	Population of area served on a first call basis:	
3.4	Number of full-time members:	
	Number of part-time members:	
	Number of publicly elected trustees, commissioners or directors:	
	Number of volunteers:	
3.5	Total number of responses per year:	
	Number of fire and other non-medical runs:	
	Number of 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.	
	Number of non-emergency transports:	
3.6	Are all volunteers covered by Workers' Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are all paid members covered by Workers' Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	How long have the Board Members been in place?	
3.8	How long has the Chief been in place?	

SECTION 4: GENERAL LIABILITY

Check all applicable fundraising or social activities that apply and provide information requested for each:		
4.1	<input type="checkbox"/> Carnivals or field days with mechanical amusement rides - Number of days held annually:	
	Are all rides operated by a qualified amusement ride contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", does contractor carry at minimum \$1M in liability limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", does contractor name applicant as an Additional Insured and provide them with a Certificate of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	<input type="checkbox"/> Conventions sponsored - Number of days held annually:	
4.3	<input type="checkbox"/> Fireworks sponsored - Number of days held annually:	
	Fireworks are detonated by? <input type="checkbox"/> Outside Contractor <input type="checkbox"/> Applicant	
	If detonated by outside contractor, does contractor carry at minimum \$1M in liability limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If detonated by outside contractor, does contractor name applicant as an Additional Insured and provide them with a Certificate of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	<input type="checkbox"/> Bingo - Number of days held annually:	
4.5	<input type="checkbox"/> Motorized events (<i>Tractor pulls, Mud bogs etc.</i>) - Number of days held annually:	
	Describe event(s):	
4.6	<input type="checkbox"/> Hall rentals - Number of days rented annually:	
4.7	<input type="checkbox"/> Social Club - Square footage of club:	
4.8	<input type="checkbox"/> Boats greater than 100hp (<i>do not include jet skis or wave runners</i>) – Number: <i>If physical damage is requested, please schedule under portable equipment.</i>	
4.9	<input type="checkbox"/> Grandstands / bleachers – Seating Capacity:	
4.10	<input type="checkbox"/> Vacant Land - Number of acres:	
4.11	<input type="checkbox"/> Other (<i>describe</i>):	
4.12	Do you participate in any sports activities on a league basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", does applicant have an Accident & Sickness policy with a league sports rider or similar first-party medical coverage for sports activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.13	Which best describes the applicant's use of alcoholic beverages? <input type="checkbox"/> Sale of alcohol <input type="checkbox"/> Year-round (<i>bar or club</i>)	
	License or permit required by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	License or permit obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Special events - Number of days held annually:	
	Describe event(s):	
	Annual gross receipts:	\$
	License or permit required by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	License or permit obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> The applicant permits alcohol on the premises or at sponsored functions, but does not sell it. <input type="checkbox"/> The applicant provides bartenders to serve alcohol supplied by others. <input type="checkbox"/> The applicant prohibits alcohol on the premises and at sponsored functions.	
4.14	Has applicant entered into any written agreements to have another entity perform fire / EMS / rescue or dispatching services for applicant? If "Yes", please forward a copy of all such contracts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.15	Does applicant use paramedics / firefighters contracted out to applicant by a labor leasing firm? If "Yes", please forward a copy of all such contracts and answer the following: Number of members leased on: Full-time basis: _____ Part-time basis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.16	Does applicant have a specially organized HazMat team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.17	What is the applicant's level of state certification or licensing? <input type="checkbox"/> Not state certified or licensed <input type="checkbox"/> First responder <input type="checkbox"/> Basic life support <input type="checkbox"/> Advanced life support	
4.18	If " <i>Not state certified or licensed</i> " or " <i>First responder</i> " was checked, what is the highest level of service provided? <input type="checkbox"/> Non-medical only <input type="checkbox"/> Basic life support <input type="checkbox"/> Advanced life support	
4.19	Does applicant sponsor a junior firefighter program or explorer post? If "Yes", are criminal background checks performed on all leaders? If "Yes", does applicant have written rules stating that a leader should never be alone with any member or junior member of such programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: PUBLIC OFFICIALS & MANAGEMENT LIABILITY

Coverage And Limits

- 5.1 Coverage type: Occurrence Claims-Made / Retroactive Date:
- Each Wrongful Act limit: \$
- Annual Aggregate \$

General Information

- 5.2 List the entity's boards, commissions and other organizations:

Policies and Procedures

- 5.3 Does applicant have a written policies and procedures manual for all its activities? Yes No
- 5.4 Does applicant have legal counsel regularly review the manual? Yes No
- 5.5 Is the manual distributed to all officials, managers and members? Yes No
- 5.6 Is training provided on the manual for all new officials and managers? Yes No
- 5.7 Do all officials and managers receive training when changes are made to the manual? Yes No

SECTION 6: EMPLOYMENT PRACTICES LIABILITY

- 6.1 Coverage type: Occurrence Claims-Made / Retroactive Date:
- Each Wrongful Act Limit: \$
- Annual Aggregate: \$
- Deductible: \$

Disputes / Claims information

- 6.2 Have any of the following occurred within the last 3 years? If "Yes", attach description.
- Disputes or claims involving integration, segregation, discrimination or violation of civil rights? Yes No
- Disputes or claims alleging wrongful treatment in member hiring, employment conditions, remuneration, advancement of employment or termination of employment? Yes No

Policies and Procedures

- 6.3 Does applicant have a member handbook? Yes No
- 6.4 Does applicant have a posted anti-discrimination policy? Yes No
- 6.5 Does applicant have written policies and procedures with regard to the following? Yes No
- Select all that apply:
- Hiring Sexual Harassment
- Grievance Procedures Disciplinary Actions
- Termination Medical Leave / Unpaid Leave
- Does applicant provide training for all new supervisors and managers on the above? Yes No
- 6.6 Does the member handbook contain a comprehensive "Employment at will" statement? Yes No
- Does legal counsel review the member handbook? Yes No
- If "Yes", when did legal counsel last review the member handbook?
- Is training provided to supervisors and managers when changes to the member handbook are made? Yes No
- 6.7 Are all prospective members required to complete an employment application prior to hire? Yes No
- 6.8 Does applicant have policies and procedures to prevent and report sexual harassment? Yes No

Fair Labor Standards Act (FLSA) Questionnaire N/A

- 6.9 What type of system and controls are in place to track hourly (*non-exempt*) member hours?
- 6.10 Are members required to take meal and other breaks? Yes No
- If "Yes", how is this communicated and enforced?

6.11	What controls are in place to ensure that hourly (<i>non-exempt</i>) members do not work over their allotted daily hours?
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6.12	If an hourly (<i>non-exempt</i>) member works more than 40 hours in a week are they granted overtime payment or are hours cut back in future weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.13	Have there been any instances where a member has reported being asked to work extra hours without being paid overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.14	Please explain how overtime policies and procedures are communicated to managers and members.	
6.15	Does applicant pay hourly (<i>non-exempt</i>) members for travel on behalf of the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.16	Are independent contractors classified as hourly (<i>non-exempt</i>) members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.17	Are all administrative staff classified as hourly (<i>non-exempt</i>) members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.18	Does applicant maintain payroll records for more than 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.19	If applicant has multiple locations, do all policies and procedures apply unilaterally across the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: CYBER LIABILITY & NETWORK RISK

7.1	Does applicant have current firewall management software installed on computer network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Does applicant have current antivirus management software installed on computer network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	Does applicant have a written security and privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8: BUSINESS AUTO

8.1	Are all owned or leased vehicles covered under this program? If "No", provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	Does applicant have the following:	
	Written mutual aid agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accident investigation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Preventative maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MVRs ordered prior to hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	Autos hired by applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does applicant own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials? <i>If Yes, provide details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.4	Are officials, managers or members allowed to take vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any personal use of any vehicles by officials, managers or members permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	Does applicant provide any type of transportation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", type: <input type="checkbox"/> Elderly transportation <input type="checkbox"/> Other	

SECTION 9: CLAIMS – PLEASE PROVIDE 5 YEAR CURRENTLY VALUED LOSS RUNS

9.1	Does applicant have any single claim or loss over \$25,000 in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.2	Any Public Officials & Management Liability losses in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.3	Any Healthcare Professional Liability losses in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.4	Any Pollution incidents in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach the following items:

- ✓ **ACORD Applications including:**
 - ◆ **SOV**
 - ◆ COPE information on Building(s) including:
 - ◆ Location Number
 - ◆ Construction Type
 - ◆ Year Built
 - ◆ Square Footage
 - ◆ Street Address, City, State, Zip Code of each location
 - ◆ Equipment Schedule including:
 - ◆ Make
 - ◆ Model
 - ◆ Description
 - ◆ Year
 - ◆ Value
 - ◆ Auto Schedule including:
 - ◆ VIN / GVW
 - ◆ Year
 - ◆ Make
 - ◆ Model
 - ◆ Agreed Value
 - ◆ Driver List
 - ◆ MVRs (if applicable)
- ✓ **Latest Budget**
- ✓ **5 Years Currently Valued Loss Runs**
- ✓ **Verification of Underlying Employers' Liability Limits**
(Minimum Limits are \$500K / \$500K / \$500K)

Please submit application information to:



info@providentfireplus.com
Attn: FIREPLUS UNDERWRITING
(800) 447-0360
www.providentfireplus.com

Allied Public Risk, LLC
CA DBA: Allied Community Insurance Services, LLC
National Producer Number: 17536322
CA License No. 0L01269
Provident Agency, Inc.

NOTES:

POLICY CANCELLATION PROCEDURE:

Pro Rata Calculation

We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:

- ✦ At the company's request;
- ✦ Because the insured no longer has a financial or insurable interest in the property or business that is the subject of insurance;
- ✦ Rewritten in the same company or company group; or
- ✦ After the first year for a prepaid policy written for a term of more than one year.

Other Cancellations

If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium.

REPRESENTATION:

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.

Applicant Signature:

(Date)

Broker Signature:

(Date)

PLEASE READ CAREFULLY

GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

STATE SPECIFIC FRAUD WARNING NOTICES

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

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 Fraud Warning

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 an applicant.

Florida Fraud Warning

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.

Kentucky Fraud Warning

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 Fraud Warning

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 Fraud Warning

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 Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

New Mexico Fraud Warning

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 Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: 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 \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

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 Fraud Warning

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 Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning

All Types of Insurance: 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. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

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.

Virginia Fraud Warning

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 Fraud Warning

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.