

**Emergency Service Organization  
Property/Casualty  
Insurance Survey**



**McNeil & Company, Inc.**  
C/O Bernard Insurance Agency, LLC  
P.O. Box 5010  
Shreveport, La. 71135  
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**General Information**

Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(please include all organizations that are to be included as insureds)

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Business Information**

Which best describes the organization (please check one):

- Fire Suppression only (no EMS)  Fire and Rescue/EMS  
 Rescue/EMS Squad or Ambulance Squad  Other (please describe): \_\_\_\_\_

The organization is a (please check one):

- Tax District  Independent Non-Profit Organization  
 Municipal, Village or Town Department  Other (please describe): \_\_\_\_\_

If a municipal, village or town department, is the organization a separate legal entity?  Yes  No

Population served on a first-call basis: \_\_\_\_\_ Years in operation: \_\_\_\_\_

**Insurance Agent Information**

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Agency fax: \_\_\_\_\_

Date proposal is needed: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_

Do you currently write this account?  Yes  No

If so, for how long? \_\_\_\_\_ With what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If Yes, please indicate Agency Name: \_\_\_\_\_



# Emergency Service Organization Survey

## Real and Personal Property

Please complete the schedule below. All Property will be covered on a Guaranteed Replacement Cost basis. If the coverage is blanket, be sure to show the individual building and contents values at each location.

Loc. No.	Bldg No.	Address	Building Limit (100% Value)	Contents Limit (100% Value)	No. of Stories	Date Built	Construction type	Sprinkler System?	Burglar Alarm?
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if Blanket Coverage is desired

For additional locations please complete and attach a separate Property Supplement.

Indicate the desired Property Deductible:  \$500  \$1000  \$2500  \$5000  Other \_\_\_\_\_

Please list names and addresses of any mortgagees or loss payees for each location:

Loc. No.	Type	Name and Address
1.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
2.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
3.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
4.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
5.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

## Excess Flood and Earthquake Coverage

- \$1,000,000 flood and earthquake coverage at each location will be quoted. If flood and earthquake limits exceed \$1,000,000 at any one location, please indicate the limits needed at each such location.

Loc. No.	Flood Limit	Earthquake Limit
1.		
2.		
3.		
4.		
5.		

For additional locations please complete and attach a separate Property Supplement.

- Are any premises located in a Federal Flood Zone *other than* Federal Flood Zones C or X?  Yes  No  
 If Yes, is the maximum coverage available through the National Flood Insurance Program (NFIP) carried on such locations?  Yes  No

# Emergency Service Organization Survey

## Excess Flood and Earthquake Coverage (Continued)

Please indicate amounts of NFIP coverage **currently** carried at each such location:

Loc. No.	NFIP Coverage
1.	
2.	
3.	
4.	
5.	

## Additional Flood and Earthquake Information

Please describe any flood / earthquake-resistant construction features: \_\_\_\_\_

\_\_\_\_\_

## General Liability

Current Limits of Liability: \$ \_\_\_\_\_ Occurrence

\$ \_\_\_\_\_ Aggregate

Desired coverage:

- Limits of Liability (Occurrence Form Only):
- \$ 500,000 Each Occurrence/\$1,000,000 Aggregate
  - \$1,000,000 Each Occurrence/\$2,000,000 Aggregate
  - \$1,000,000 Each Occurrence/\$3,000,000 Aggregate
  - \$1,000,000 Each Occurrence/\$10,000,000 Aggregate

**\* Depending on the type of organization (i.e. Associations, Dispatch Centers, etc.) ESIP may not be able to offer a \$10,000,000 aggregate**

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.				
	1	2	3	4	5
Fire Department (including garage areas)					
Ambulance/Rescue Squad (including garage areas)					
Social Hall					
Other (please describe)					
•					
•					
<b>TOTAL</b>					

# Emergency Service Organization Survey

## Fellow Member Coverage

Does the insured currently carry Employers Liability insurance?  Yes  No

Are **all** volunteers and paid staff covered by Employers Liability insurance?  Yes  No

If yes, name of Employers Liability carrier: \_\_\_\_\_

If no, are all volunteers and paid staff covered by Accident & Health insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense, and \$200 Weekly Disability Indemnity?  Yes  No

If yes, name of Accident & Health carrier: \_\_\_\_\_

## Operations

\_\_\_\_\_ Annual number of fire calls

\_\_\_\_\_ Annual number of Medical or Rescue calls

\_\_\_\_\_ Total number of emergency service volunteers

\_\_\_\_\_ Total number of emergency service career personnel

## Emergency Medical Service

Highest level of service provided:  Advanced Life Support  
 Basic Life Support  
 First Responder Only  
 First Aid/CPR Only  
 None

\_\_\_\_\_ Number of First Responders

\_\_\_\_\_ Number of Basic EMT's

\_\_\_\_\_ Number of Advanced EMT's (defib-trained and above, excluding paramedics)

\_\_\_\_\_ Number of Paramedics

\_\_\_\_\_ Number of Nurses

Does the organization utilize a licensed physician as its Medical/EMS Director?  Yes  No

Does the organization provide medical transport service?  Yes  No

If yes, is the organization the primary medical transport service provider in its service area?  Yes  No

## Contracts

Does the organization hire subcontractors? (i.e. Snow Removal, Landscaping)  Yes  No

If yes, are certificates of insurance obtained from all subcontractors?  Yes  No

Please describe the work performed by all subcontractors and indicate the annual cost for this work:

Work Performed \_\_\_\_\_ Cost \$ \_\_\_\_\_

Work Performed \_\_\_\_\_ Cost \$ \_\_\_\_\_

# Emergency Service Organization Survey

## Contracts (continued)

Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do any of these contracts require that the organization include the other entity as an additional insured?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## Errors and Omissions / Emergency Service Liability

Type of coverage currently carried:  Occurrence Form  Claims-Made Form (if in New York, see page 14)

If **Claims-Made**, provide the following information:

Name of carrier: \_\_\_\_\_

Retroactive date: \_\_\_\_\_

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter?

Yes  No

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging negligence in the rendering of or the failure to render professional services?

Yes  No

If yes to either of these questions, please provide a description of the claim or suit including the name of the claimant, the date of the alleged incident, a description of the allegation, and the current status of the claim:

\_\_\_\_\_

\_\_\_\_\_

Does the organization and/or any of its members have knowledge of any matter(s) involving employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter which would cause a reasonable person to believe that a claim or suit might result?

Yes  No

Does the organization and/or any of its members have knowledge of any matter(s) involving the rendering of or the failure to render professional services which would cause a reasonable person to believe that a claim or suit might result?

Yes  No

If yes to either of these questions, please provide a description of the matter including the name of the potential claimant, the date of the alleged incident, and its current status:

\_\_\_\_\_

\_\_\_\_\_

Does the Company have a written Employment Practices handbook?

Yes  No

# Emergency Service Organization Survey

## Errors and Omissions / Emergency Service Liability (continued)

Does the company have an Employee Benefits handbook?  Yes  No

Has any claim been made or suit filed against the company and/or its employees in the past five years alleging an error or omission in the administration\* of your benefit programs?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

## Watercraft/Aircraft

Does the organization own any watercraft more than 26 feet in length?  Yes  No

If yes, please indicate type, length, horsepower, number of seats, type of use, and where used.

\_\_\_\_\_

If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this survey.

Does the organization own any Aircraft?  Yes  No

# Emergency Service Organization Survey

## Other Activities / Community Events

Describe the fund-raising activities of the organization:

	Number of times Per year	Total Annual Receipts
<b>Field Days / Carnivals</b>		
Do you own or rent any <b>Amusement Rides</b> ? <span style="float: right;"><input type="checkbox"/> Own <input type="checkbox"/> Rent</span>		
If Rented, is a Certificate of Insurance obtained from the owner of the rides? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
If Owned, Do you rent any mechanically operated <b>Amusement Rides</b> to others? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Are rides inspected after set-up prior to public use? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, by whom?		
Do you own or rent any <b>Live Animal Rides</b> ? <span style="float: right;"><input type="checkbox"/> Own <input type="checkbox"/> Rent</span>		
If Rented, is a Certificate of Insurance obtained from the owner of the Animals? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
Do you provide <b>Fireworks</b> at the Field Days / Carnival? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, is a certified pyrotechnic professional used? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, please attach Certificate of Insurance showing the individual or organization as an additional insured.		
<b>Hall Rental</b>		
<b>Bingo</b>		
<b>Breakfasts / Dinners</b>		
<b>Sale of Smoke Alarms / Fire Extinguishers</b>		
<b>Motorized events (e.g. rodeos, musters)</b>		
<b>Other Activities Not outlined above:</b>		

## Liquor

Is alcohol consumed on your premises at any time throughout the year?  Yes  No

Is alcohol consumed away from your premises at any function held by you at any time throughout the year?  Yes  No

(i.e. Christmas Parties, banquets, meeting nights, etc.)

When	Where	Number of Times Per Year	Average Total Number of Attendees

If Yes, who provides the alcohol? \_\_\_\_\_

Who serves the alcohol? \_\_\_\_\_

Please describe procedures in place to manage and monitor consumption: \_\_\_\_\_

**If alcohol is SOLD in any manner by or through your organization, please complete and attach a Liquor Supplement.**

# Emergency Service Organization Survey

## Miscellaneous Liability

Does the organization perform fire code or building code inspections?  Yes  No

State or County Certified?  Yes  No

Describe the training requirements for code inspection personnel: \_\_\_\_\_

\_\_\_\_\_

Does the organization sell subscriptions for service?  Yes  No

If yes, does the organization respond to all calls for emergency service within its service area without regard to whether the victim is a subscriber?  Yes  No

Does the organization have an Auxiliary or similar support group?  Yes  No

If yes, be certain to include the group as an insured on page 1 and include its activities in the answers to this survey.

Does the organization fill compressed air tanks for others? SCBA  Yes  No  
SCUBA  Yes  No

If yes for either, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the organization have a Junior Firefighter, Cadet, or similar program?  Yes  No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

\_\_\_\_\_

\_\_\_\_\_



# Emergency Service Organization Survey

## Automobile Liability

Indicate the desired coverage below:

\$ \_\_\_\_\_ Auto Liability

\$ \_\_\_\_\_ Medical Payments

\$ \_\_\_\_\_ PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)

\$ \_\_\_\_\_ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ \_\_\_\_\_ Uninsured Motorists/ Underinsured Motorists B.I.

Stacking  Non-Stacking (if applicable)

\$ \_\_\_\_\_ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques. Please indicate the desired deductible for these vehicles:  \$500  \$1000  \$2500  \$5000  Other \$ \_\_\_\_\_

Please indicate the desired deductible for all private passenger type vehicles (PPT's):

Comprehensive  \$250  \$500  \$1000  \$2000  \$3000  Other \$ \_\_\_\_\_

Collision  \$250  \$500  \$1000  \$2000  \$3000  Other \$ \_\_\_\_\_

Is Automatic Increase coverage desired?

Yes  No

If yes, by how much should the Agreed Values be increased each month?  ¼%  ½%  ¾%  1%

Does the organization service any major metropolitan areas?

Yes  No

If yes, please describe: \_\_\_\_\_

Does the organization check MVR's?

Yes - all members

Yes - drivers only

No

If yes, how often? \_\_\_\_\_

Please describe the driver training program currently being used: \_\_\_\_\_

What selection criteria are used to select new drivers? \_\_\_\_\_

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey?

Yes

No

If yes, please describe: \_\_\_\_\_

# Emergency Service Organization Survey

## Automobile Liability (continued)

In the below **Vehicle Schedule**

- show the year, make, model and type of vehicle. If uncertain as to type, select from the table below;
- for private passenger-type autos (PPT's), show the Cost New and the desired deductibles if physical damage coverage is desired;
- for emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey.
- DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).

Vehicle Types							
TKR	(Tanker or Tender)	LR	(Light Rescue-under 10,000 GVW)	PMP	(Pumper)	COM	(Command)
P-T	(Pumper-Tanker)	MR	(Medium Rescue-under 20,000 GVW)	M-P	(Mini-Pumper)	ANT	(Antique)
AER	(Aerial device-any type)	HR	(Heavy Rescue-over 20,000 GVW)	BT	(Brush Truck)	HAZ	(HazMat)
ALS	(Advanced Life Support)	BLS	(Basic Life Support Unit)	TRL	(Trailers)	AIR	(Air Cascade)
U/S	(Utility or Salvage)	PPT	(Private Passenger Type)	FOM	(Chemical Foam)		

Vehicle Schedule							
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL	Loc. No.
1.			\$	\$			
2.			\$	\$			
3.			\$	\$			
4.			\$	\$			
5.			\$	\$			
6.			\$	\$			
7.			\$	\$			
8.			\$	\$			
9.			\$	\$			
10.			\$	\$			
11.			\$	\$			
12.			\$	\$			
13.			\$	\$			
14.			\$	\$			
15.			\$	\$			

**If there are any additional vehicles, please attach a Vehicle Schedule Supplement.**

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy?  Yes  No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_  A.I.  L.P.

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_  A.I.  L.P.

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_  A.I.  L.P.



# Emergency Service Organization Survey

## Crime (continued)

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft?  Yes  No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service).  Yes  No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other?  Yes  No

Largest amount of petty cash kept on hand? \$ \_\_\_\_\_

During what months are the receipts the largest? \_\_\_\_\_

Is money ever stored in the building overnight?  Yes  No

If yes, amount and how stored: \_\_\_\_\_

All receipts are deposited in a bank within:  2 days  1 week  Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"?  Yes  No

Do all checks require 2 signatures?  Yes  No

If No, do checks over a certain amount require 2 signatures?  Yes  No

If Yes, please indicate amount \$ \_\_\_\_\_

To whom and how often is there a report of receipts and disbursements? \_\_\_\_\_

By whom and how often are the accounts examined? \_\_\_\_\_

When were the accounts last examined? \_\_\_\_\_

Fund Raising Events: Approximate maximum receipts per day: \$ \_\_\_\_\_

Are bank deposits made after each day of the event?  Yes  No

Is the depositor accompanied by an armed police officer?  Yes  No

Is the money stored at a member's house?  Yes  No

## Umbrella and Excess Liability

Desired Limit of Insurance (maximum \$10 million): \$ \_\_\_\_\_  
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$500,000/500,000/500,000 for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident

\$ \_\_\_\_\_ Bodily Injury by Disease

\$ \_\_\_\_\_ Annual Aggregate

\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.





# Emergency Service Organization Survey

## APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

## APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT

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.

## APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

**Automobile:** 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, and any person who 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 five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Other Than Automobile:** 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.

## APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

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.

## APPLICABLE IN OKLAHOMA – OKLAHOMA 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.

## APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

## APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

## APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

## APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

## APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

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 committing a crime, subjecting the person to criminal and civil penalties.

## APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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.

**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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Agent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

