

SELECTIVE INSURANCE VOLUNTEER EMERGENCY SERVICES PROGRAM SUPPLEMENTAL APPLICATION

Please provide the following with your submission:

- Completed ACORD forms
- Five years hard copy loss runs (if you presently control the account, loss information from your database is adequate)
- Drivers list

GENERAL INFORMATION

1. Organization's full name: _____
(Include all legal entities/groups that are to be Named Insureds)
2. Contact Person: _____
Phone: _____
Fax: _____
3. Public website: _____
4. Is your organization:
For Profit
Not-for-profit 501(c)(3) organization
Part of a municipality or other governmental entity
Other Please explain: _____
5. Are you a Board of Commissioners? Yes No
If yes, number of commissioners/trustees: _____
Elected? Appointed?
6. How many active volunteer members do you have? _____
7. How many paid members/employees do you have? _____ Full Time _____ Part Time
8. What is your total annual operating budget: \$ _____
9. Describe your source(s) of funding? _____

YOUR EMERGENCY SERVICE OPERATIONS

1. Total population served on a first-call basis: _____
2. Provide the annual number of calls for each: _____ Fire/Rescue (Non-medical)
_____ Emergency (Medical)
_____ Non-emergency transport
3. Do you have a plan or provision to ensure adequate staffing on a 24-hour basis? Yes No

INSURED: _____

4. Do you have any specialty teams such as Search and Rescue, Confined Space Rescue, Dive Team, Water Rescue, etc? Yes No
If yes, please list: _____

5. Do you participate in contractual arrangements such as mutual aid or shared services? Yes No
If yes, please explain and attach a copy of each such agreement. _____

6. Please provide the square footage of each area of building: Garage area _____
Bar/Club area _____
Bunk area _____
Social Hall area _____
Tenant area _____
Describe tenant(s) operations: _____

7. Are all department vehicles and portable emergency equipment purchased, owned and insured by your department? Yes No
If not, please explain who funds the purchase and insurance coverage for these items:

In what name are your vehicles registered, if not the organization's name? _____

8. Do you own any watercraft? Yes No
If yes, provide number, type, length and horsepower: _____

9. Do you designate which members can drive emergency vehicles? Yes No
If yes, please describe your selection criteria: _____

10. Do you check driving records prior to membership/employment? Yes No

11. Are all emergency vehicle operators given special training? Yes No
If yes, please describe: _____

12. What is the department's policy as to entering intersections against red lights, stop lights or yield signs? _____

13. Valuation of emergency vehicles: _____ Value Guard or _____ Actual Cash Value

14. Are pre-employment and periodic physical examinations required? Yes No

15. Are oxygen cylinders stored and properly secured? Yes No

16. Do you fill/refill breathing air bottles for others? Yes No

INSURED: _____

HAZARDOUS MATERIALS RESPONSE INFORMATION

1. What is the extent of your Hazardous Materials response?

- No designated HAZMAT responsibilities.
- Only limited HAZMAT training/capabilities and operate only within your normal response area.
- Maintain within your department a separate HAZMAT unit that normally operates:
 - within the normal response area of the department
 - somewhat beyond the normal response area of the department
 - as primary first response HAZMAT unit on a county/statewide basis

2. Are any unusually hazardous occupancies located in the territory served? Yes No
If yes, please describe: _____

EMERGENCY MEDICAL/AMBULANCE INFORMATION

1. Please indicate the level of your Ambulance/Rescue service's state licensing/certification:

- Advanced Life Support
- Basic Life Support
- Other, please explain: _____

2. Volunteer/Employee breakdown:

	Number of Volunteers	Number of Employees
EMT's	_____	_____
Paramedics	_____	_____
Other _____	_____	_____

3. If paramedics are shown in 2. above, who directs their medical treatment of patients?

EARTHQUAKE AND BROAD FORM FLOOD COVERAGE

1. Do you want Earthquake and Flood coverage on your buildings and business personal property? Yes No

2. Earthquake and flood limit wanted: Same limits as other property causes of loss.
 Up to \$ _____ per location/building.

3. Any past earthquake or flood damage? Yes No
If yes, please explain: _____

INSURED: _____

SOCIAL OPERATIONS – FUND RAISING

1. Is there any cooking on premises? Yes No
 If yes, any grills or deep fryers? Yes No
2. Is there a hood and duct system over all cooking appliances? Yes No
3. Is there an automatic extinguishing system protecting the cooking equipment? Yes No
 If yes, is the extinguishing agent: Dry powder Wet chemical UL300 approved wet chemical
4. If there is a hall, is it rented out to others? Yes No
 If yes, are written contracts including hold-harmless agreements used for hall rentals? Yes No
5. Are Certificates of Insurance obtained from anyone renting or using the hall? Yes No
6. Do you own any sport fields, parks, playgrounds or vacant land? Yes No
 If yes, please describe: _____
7. What fund raising/special events do you hold?
 Bingo games? How frequently: _____ Average attendance: _____
 Average receipts: \$ _____
 Carnivals? How frequently: _____ Average attendance: _____
 Average receipts: \$ _____
 Fireworks displays? How frequently: _____
 Detonated by the insured's volunteers/employees Yes No
 Detonated by an independent contractor Yes No
 Other, please describe all other fund raising/special events you hold:

8. Does the carnival amusement ride contractor and/or fireworks contractor:
 a. Provide you with a Certificate of Insurance listing your organization as an "Additional Insured" on their general liability policy? Yes No
 b. Provide you with a written contract that includes a hold-harmless and indemnification agreement in your favor? Yes No
9. Do you sponsor any sports teams or leagues? Yes No
 If yes, please describe: _____

INSURED: _____

LIQUOR LIABILITY INFORMATION

- 1. Do you allow consumption of alcoholic beverages on your premises or at sponsored events away from your premises? Yes No
If yes, please explain: _____

- 2. Do you hold fund raising events where liquor is sold, served or dispensed? Yes No
- 3. Total annual liquor receipts: \$_____ (from all sources – both on and off premises)
- 4. Do you have a liquor license? Yes No
- 5. Has your liquor license ever been suspended or revoked? Yes No
- 6. Have you ever had any liquor violations or citations? Yes No
- 7. Do you require temporary licenses for special events? Yes No
If yes, do you secure them? Yes No
- 8. Do you permit anyone other than your bartenders to serve alcohol? Yes No
If yes, please explain: _____
- 9. Are there written procedures or formal training of members to avoid selling liquor to minors or intoxicated people? Yes No
If yes, please attach written procedures and describe formal ID/AGE identification and drink cut off training program (TIPS, TAMS, etc.): _____

NOTE: Complete the following section only if Volunteer Emergency Services coverage is wanted.

**VOLUNTEER EMERGENCY SERVICES
MANAGEMENT LIABILITY COVERAGE**

COVERAGE/TERMS

- 1. Limits requested (Each Loss/Aggregate):
 \$300,000/300,000 \$500,000/500,000 \$1,000,000/\$1,000,000
- 2. Retroactive Date: ___/___/___ (will be the first date that Selective provides coverage unless indicated).
- 3. Is Prior Acts coverage desired? Yes No
If yes, Prior Carrier Information section on Page 9 must be completed.

INSURED: _____

OPERATIONAL INFORMATION

1. Please describe the type and source of Training Program(s) used: _____

2. Are all members required to meet applicable state standards? Yes No
 If no, please explain: _____

3. Are you sanctioned to operate by the municipalities you serve? Yes No

4. Do you perform Fire Code Inspections? Yes No

5. Are your Directors and Officers responsible for collection and/or disbursement of funds bonded? Yes No
 If yes, for what amount? \$ _____

EMPLOYEE INFORMATION

1. General Employee Count:

Type of Employee*	Count in Current Year	Count in Prior Year
Full Time Employees	_____	_____
Part Time Employees	_____	_____
Seasonal Employees	_____	_____
Volunteers	_____	_____

* Elected and appointed that receive remuneration, must be included in count.

2. Breakdown of current year full time employees by salary:

Salary Ranges per Year	Number of Employees
\$30,000 or less	_____
\$30,001 to \$100,000	_____
Over \$100,000	_____

3. Do you use an employment application during your hiring process? Yes No
 If Yes, please attach.

If yes, does it contain:

- An at will statement? Yes No
- Authorization to check references and criminal conviction records? Yes No
- The applicant's signature attesting that all representatives are true? Yes No
- An equal employment opportunity statement? Yes No
- Do you perform background and criminal checks on new hires? Yes No
- Do you check references from new hires? Yes No

INSURED: _____

4.	Total number of:	Current Year	Prior Year
	Employee Terminations	_____	_____
	Employee Terminations Who Left Voluntarily	_____	_____

5. Total number of EEOC complaints and/or State Human Rights Commission claims or complaints in the past year: _____
 If any, provide detailed narrative: _____

6. Do you have a risk manager on staff? Yes No

7. Who is responsible for the Human Resources or Personnel functions?
 Title: _____
 Is this person trained in employment practices? Yes No

8. Who is designated to handle all employment-related incidents?
 Title: _____
 Is this person trained in employment practices? Yes No

9. Do you require all employment terminations be reviewed by the person listed in No. 7. and No.8. above prior to the termination?
 If no, why: _____
 Yes No

10. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No

11. Do you have an employee handbook or manual? Yes No
 Does every employee receive a copy? Yes No
 Do you obtain written acknowledgement that employees have received the handbook? Yes No

12. Date of manual: _____ Date of last revision/update: _____

13. Was the manual reviewed by an attorney prior to implementation? Yes No

14. Is the manual periodically reviewed and updated by an attorney? Yes No

15. Does the written manual apply to all departments? Yes No
 If no, which departments have their own manual? _____

16. Is the manual distributed to all personnel? Yes No

17. Is the manual reviewed with personnel as part of their employee orientation? Yes No

INSURED: _____

18. Does the manual include policies and procedures on the following:

	Yes	No	In writing?
Hiring			
Termination			
Background Checks			
Suspension			
Sexual Harassment			
Family Medical Leave Act			
Grievance Procedure			
American with Disabilities Act			
Discrimination			
Pre-Termination Hearings			

CLAIMS EXPERIENCE

- Has any claim been made in the past five years or is now pending against any person in their capacity as an employee of the insured, including EEOC or other similar administrative hearings? Yes No
- Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes No
- Have there been any sexual harassment, EEOC, human rights or civil rights claims in the past five years? Yes No
If yes to any of the above questions, please explain in a separate form or include them in **SECTION VIII**.

CLAIMS INFORMATION

1. Give details of all claims made during the past 5 years.

Date of Loss	Date of Claim	Payment/Reserve	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURED: _____

2. Are any claims currently open or pending? Yes No
 If yes, please explain: _____

3. Does any insured know of any wrongful act, error, omission or breach of duty which may result in a claim? Yes No
 If yes, please explain: _____

Prior Carrier Information (list all carriers for the last 3 years)

Year	Company	Limits	Occurrence or Claims Made	Premium	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INSURED: _____

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.

APPLICABLE IN ARKANSAS

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.

APPLICABLE IN DISTRICT OF COLUMBIA, MAINE AND VIRGINIA

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, and subjects the person to criminal and civil penalties. In the District of Columbia, Maine and Virginia, insurance benefits may also be denied.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN KENTUCKY

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.

APPLICABLE IN MICHIGAN

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 one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MINNESOTA

Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

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 YORK

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 violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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 PENNSYLVANIA

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 the person to criminal and civil penalties.

INSURED: _____

This Application and any supplements thereto shall be incorporated into any policy that may be issued and the Underwriters are relying on the truth of the statements set forth herein in making a determination to issue any policy.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Insurance Company to issue a policy.

The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insured may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The official designated to receive any and all notices from the Insurer to the entity concerning any policy issued as a result of this application shall be (please type or print):

Name: _____

Title: _____

Entity's Attestation — The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstances, or situation indicating the probability of a claim or action now known to the Named Insured or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Authorized signatory for entity

Date

Title

(____) _____
Phone Number

Insurance Agent

Date

INSURED: _____