

Application
For
**Volunteer Firefighters
Errors & Omissions**

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
2. Names/numbers of fire companies in entity. _____

3. Number of members. _____
4. Total population of area serviced on a first-call basis. _____
5. Number of fire-fighting units (vehicles) involved. _____
6. N.F.B.U.P. rating. _____
7. Are there any paid members? ☐ Yes ☐ No
If yes, please provide the number of members and a description of duties. _____

☐ Check here if continued on Attachment to A33.
8. Is the Fire Department responsible for building inspection? ☐ Yes ☐ No
If yes, please explain the extent of responsibility. _____

☐ Check here if continued on Attachment to A33.
9. Has any application for similar insurance been declined, or has any similar insurance been cancelled or a renewal refused in the past **five (5) years**? ☐ Yes ☐ No
If yes, please provide full details. _____

☐ Check here if continued on Attachment to A33.

10. Please provide prior Errors & Omissions insurance information. If none, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium

11. Does the applicant currently carry General Liability insurance? ☐ Yes ☐ No

Insurance Company	Policy Period	Limits of Liability	Policy #

12. Has there ever been a claim(s) made or suit(s) filed against the applicant containing any allegation(s) of negligence regarding the discharge of the applicant's professional duties? ☐ Yes ☐ No

If yes, please provide full details. _____

☐ Check here if continued on Attachment to A33.

13. Does the applicant have knowledge of any matter(s) which would cause a reasonable person to think that a claim(s) or suit(s) might arise from it/them? ☐ Yes ☐ No

If yes, please explain the extent of responsibility. _____

☐ Check here if continued on Attachment to A33.

14. Has any application for similar insurance been declined, or has any similar insurance been cancelled or a renewal refused in the past **five (5) years**? ☐ Yes ☐ No

If yes, please provide full details. _____

☐ Check here if continued on Attachment to A33.

15. Does the applicant maintain any sort of formal training program for its members? ☐ Yes ☐ No

If yes, please provide full details. _____

☐ Check here if continued on Attachment to A33.

16. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other Than Products – Completed Operations) \$ _____
Each Professional Incident Limit (If Applicable) \$ _____

17. Effective Dates Desired – From: _____ To: _____

18. Please provide the name of the person authorized to receive notices from the company or its agents concerning this insurance.

Authorized person: _____

Address: _____

19. Please provide any additional information to support this application on Attachment to A33.

Name of Applicant _____

[illegible]

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	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.
Colorado	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	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 the applicant.
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.
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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 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 such violation. Fire: 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.
Ohio	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	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	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
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 such person to criminal and civil penalties.
Rhode Island	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.
Tennessee Virginia Washington	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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance.

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____