

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

## 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.

**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's Signature: \_\_\_\_\_

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

