

8000 IH 10 West, Suite 901
San Antonio, TX 78230
866.971.6247 | onebeacongov.com
OBGRSubmissions@onebeacongov.com

NEW BUSINESS APPLICATION: FIRE & EMERGENCY SERVICES

PART A: GENERAL INFORMATION

1. Entity

Application Date: _____ Proposal Due Date: _____

Legal Named Insured: _____

Mailing Address: _____

City, State, Zip: _____

County: _____ Population Served: _____

FEIN: _____ Website: _____

Physical Address: _____

(If different than mailing address)

City, State, Zip: _____

Primary Insured Contact: _____

Email: _____ Phone: _____

Risk Control Contact: _____

Email: _____ Phone: _____

2. Submitting Agency

Agency: _____

Mailing Address: _____

City, State, Zip: _____

Producer Contact: _____

Email: _____ Phone: _____ Fax: _____

3. Type of Organization

Fire Suppression only (No EMS)

Fire & Rescue/EMS

Rescue/EMS or Ambulance Squad only

Other: _____

Is this organization a governmental subdivision? Y N

Municipal/City/Township or County Owned and Controlled

Independent, such as:

Non Profit Corp

For Profit Corp

Fire/EMS District

Other: _____

Legal Named Insured:

Effective Date:

PART A: GENERAL INFORMATION (CONTINUED)

4. Coverage Requested

- General Liability
- Management Liability
- Employment Practices Admin
- Employee Benefits Admin
- Automobile Liability
- Automobile Physical Damage
- Excess Liability
- Property/Equipment Breakdown
- Equipment/Inland Marine
- Crime
- Flood
- Earthquake

5. Expiring Information

Line of Coverage	Carrier	Limit	Occurrence or Claims Made	Retro Date	Ded or SIR	Ded/SIR	Premium
General Liability						\$	\$
Management Liability						\$	\$
Employment Practices Admin						\$	\$
Employee Benefits Admin						\$	\$
Auto Liability						\$	\$
Auto Physical Damage						\$	\$
Excess Liability						\$	\$
Property						\$	\$
Equip./Inland Marine						\$	\$
Crime						\$	\$
Flood						\$	\$
Earthquake						\$	\$

6. Loss History & Large Loss Detail

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus three (3) preceding policy terms. Provide details for individual losses exceeding \$25,000.

7. Prior Acts

Does the applicant have any knowledge of any incident(s), accident(s), or occurrence(s) which may result in a claim?

Y N

If Yes, explain.

Have any of these events been reported to a current or previous carrier?

Y N

If Yes, explain.

PART A: GENERAL INFORMATION (CONTINUED)

8. Operating Controls

Are certificates of insurance required from your subcontractors? Y N
If Yes, explain:

Are you named as an additional insured on your subcontractors' liability policies? Y N

Does the entity have a formalized risk management procedure or program? Y N

Does your entity maintain formal education and training programs? Y N

Do the formal procedures include the following?

Written Safety or Loss Prevention Manual Y N

Employee or Volunteer Training Meeting Y N

Property or Equipment Inspection and Maintenance Logs Y N

Procedures to prevent & report Sexual Harassment Y N

Accident Investigation Program Y N

Describe any other formal or informal operating controls:

PART B: PROPERTY

1. Property Deductible Requested? \$1,000 \$2,500 \$5,000 Other: _____

2. Statement of values is 100% of property values? Y N

3. Any items on the property scheduled to be insured as fine arts? Y N
Identify items on schedule and limits required (attach additional sheet if needed):

4. Any loss payees or additional insured interests applicable to any properties? Y N
If Yes, list item number and interest (attach additional sheet if needed):

5. Any vacant property locations? Y N

6. Any locations over 30 years old? Y N
If Yes, list location(s), renovations, and date completed (attach additional sheet if needed):

7. Do you currently have any property in the "course of construction" or do you plan to have any new additions, renovations, or expansions? Y N
If Yes, describe and include cost of construction (attach additional sheet if needed):

8. Is Flood Coverage requested? Y N
If Yes, list Location(s), Limit and Deductible (attach additional sheet if needed):

9. Is Earthquake Coverage requested? Y N
If Yes, list Location(s), Limit and Deductible (attach additional sheet if needed):

Legal Named Insured:

Effective Date:

PART C: INLAND MARINE

- What types of Fire and/or Rescue equipment are to be insured?
 - Portable Equipment (e.g. communication equipment, EMS Medical Equipment and Turnout gear)
 - Watercraft/ATV/Snowmobile
 - Radio Towers, Antennas or Sirens
 - Search and Rescue Dogs
 - Other: _____
- Indicate the deductible to be applied to the following:

	\$1,000	\$2,500	\$5,000	Other (Please list)
Inland Marine Deductible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
- Does the entity maintain an equipment inventory? Y N
- Are all equipment items secured when not in use? Y N

PART D: CRIME

- What deductible is requested?
 - \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other: _____
- Increase Limits? Y N Amount: _____
- What security provisions apply? Describe (who performs, how often etc...)?
 - Audit _____
 - Reconciliations _____
 - Bank statements _____
 - Countersignature _____
 - Other: _____
- How are computers and online logins secured? _____
- Does anyone have access to a department credit card (including debit cards)? Y N
- Does anyone have remote access? Y N

PART E: AUTOMOBILE

Automobile Coverage	Limits Requested
Owned or Leased Automobiles	\$
Hired Automobile Coverage	\$
Non-owned Automobile Coverage	\$
Personal Injury Protection	\$
Automobile Medical Payments	\$
Uninsured Motorist	\$
Underinsured Motorists	\$
Comprehensive Deductible	\$
Collision Deductible	\$

PART E: AUTOMOBILE (CONTINUED)

- 1. Are all of the entity's owned or leased vehicles to be insured under this policy?
If No, list vehicles insured elsewhere (attach additional sheet with listed vehicles). Y N
- 2. Does the entity hire automobiles?
If Yes, indicate cost and usage (attach additional sheet with indicated cost and usage). Y N
- 3. Does the entity require/provide driver training? Y N
- 4. Does the entity service any major metropolitan area? Y N Population? _____
- 5. Does the entity have black box or voice recorders? Y N
- 6. Does the entity require Commercial Drivers Licensing (CDL)? Y N
- 7. Does the entity check Motor Vehicle Records on all members pre-hire? Y N
- 8. Are Motor Vehicle Records checked periodically for current members? Y N
- 9. Does the entity have a formalized automobile safety program in place? Y N
- 10. Does the entity review each motor vehicle accident? Y N
- 11. Does the entity have a formalized automobile maintenance program in place? Y N
- 12. Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD?
If Yes, note vehicle unit numbers and requested values on submitted automobile schedule. Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage. Y N

PART F: GENERAL LIABILITY

- 1. **Operations**
 - Does your operation sell subscription for service? Y N
 - Do you use Firefighters or EMS personnel that are contracted to you by a leasing company? Y N
 - Do you contract out any of your Firefighters or EMS personnel? Y N
 - Does the organization utilize a licensed physician as its Medical/EMS Director? Y N
 - Do you provide medical transport? Y N
 - Does your organization participate in search and rescue operations? Y N _____ Times/Year
 - Are you involved in any Community Paramedicine/Community Health? Y N _____ Times/Year
 - Does your organization participate in HAZMAT cleanup operations? Y N _____ Times/Year
 - Does your organization have any contractual agreements to (provide or receive) services (to or from) other entities? Y N Describe:
 - Do any of these contracts require that the organization include the other entity as an additional insured? Y N
 - Does your organization own/operate any watercraft? Y N Describe:
 - Does your organization own/operate any aircraft (including drones)? Y N Describe:
 - Does your organization have a Junior Firefighter, Cadet, or similar program? Y N
- How many Special Events do you have annually?
Describe (attach additional sheet if needed).

- 2. What coverage form is requested? Occurrence
- 3. What General Aggregate Limit is requested? (Applied to Coverages A, B, C, and D)
 \$1M \$2M \$3M \$4M \$5M Limits up to \$10M

Legal Named Insured:

Effective Date:

PART F: GENERAL LIABILITY, CONTINUED

4. Is Emergency Medical Services Coverage Liability Requested for EMS Operations? Y N

If Yes, complete question 5.

5. How many of each type of employee are to be included?

_____ Career Personnel _____ Paramedic
_____ Emergency Service Volunteers _____ Emergency Medical Technician
_____ All Other (Admin, Non-EMT drivers, Nurses etc.) _____ First Responder

6. What deductible is requested?

Note: Underwriters may require higher or lower deductibles than requested. If a deductible is greater than \$25,000 or self-insured retention is requested, mark as "other" and specify amount.

\$1,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$25,000 Other: _____

5. What is the total number of services calls? _____

_____ Emergency Ambulance Calls (*Assignment dispatched as true emergency*)
_____ Non-Emergency Ambulance Calls (*Assignment was not dispatched as true emergency*)
_____ Non-Medical Calls (*Any Ambulate and/or Wheelchair Transportation*)

6. What is the highest level of EMS services provided?

Advanced Life Support
 Basic Life Support
 Advanced first Aid/CPR only
 First Responders only
 No EMS certification

7. Do you purchase workers' compensation insurance? Y N

8. Are all paid volunteers and staff covered by workers' compensation insurance? Y N

PART G: MANAGEMENT LIABILITY

1. What coverage form is requested? Occurrence Claims-Made (Retro Date: _____)

2. Are increased Aggregate Limits requested?
 \$1M \$2M \$3M \$4M \$5M Limits up to \$10M

3. What deductible is requested?

Note: Underwriters may require higher or lower deductibles than requested. If a deductible is greater than \$25,000 or self-insured retention is requested, mark as "other" and specify amount.

Coverage A: Wrongful Acts

\$0 Loss and Loss Expense
 \$1,000 Loss and Loss Expense
 \$2,500 Loss and Loss Expense
 \$5,000 Loss and Loss Expense
 Other: _____

Coverage B: Employment Practices and

Coverage C: Employee Benefits Administration

\$0 Loss and Loss Expense
 \$1,000 Loss and Loss Expense
 \$2,500 Loss and Loss Expense
 \$5,000 Loss and Loss Expense
 Other: _____

2. Management Liability is rated on operating budget — how is the budget provided to OneBeacon?

Attached to this application Link to website located here: _____

3. How many of the following does the entity have?

_____ Board Members, Public Officials, Directors, or Officers
_____ Full-Time Paid Employees _____ Part-Time Paid Employees
_____ Temporary or Seasonal Workers _____ Volunteers (do not include volunteer board members)

4. Exclude Employment Practices Liability Coverage? Y N

If yes, how are Employment Practices addressed? Insured Elsewhere Self-Insured

Legal Named Insured:

Effective Date:

PART G: MANAGEMENT LIABILITY (CONTINUED)

5. Does the entity have a written Policies and Procedures manual/handbook? Y N
- Does the manual cover the following areas?
- | | |
|--|---|
| <input type="checkbox"/> Hiring or applying for membership | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Promotions |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Performance Evaluation |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> New Employee/Volunteer Orientation |
| <input type="checkbox"/> Employment at Will | <input type="checkbox"/> Grievance Procedures |
6. Are employees/members/volunteers trained in these policies and procedures? Y N
7. Do all employees and volunteers receive a copy of the Handbook? Y N
8. Are established policies and procedures reviewed by legal counsel? Y N
9. Does the organization have a personnel (human resources) administrator? Y N
10. Are there any outstanding disputes involving any of the following?
- Civil rights violations
 - Refusal of public service
 - Inadequacy of public service
 - Wrongful takings or condemnation proceedings
 - Approval of building plans or building specifications

If Yes with regard to any outstanding disputes, not yet a claim, describe circumstances (attach additional sheet if needed).

11. Are any EEOC, or comparable state agency, hearings outstanding? Y N
- If Yes with regard to any outstanding employment disputes, not yet a claim, describe below (attach additional sheet if needed).*

PART H: EXCESS LIABILITY

1. Coverage is to apply to what underlying coverage?
- General Liability
 - Management Protection Liability
 - Commercial Automobile Liability
 - Employers Liability (if so, please provide carrier information below)
- Carrier: _____
- Term: _____
- Policy #: _____
- Limits: _____
2. Excess Limit Requested:
- | | |
|--|--|
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 Aggregate | <input type="checkbox"/> \$6,000,000 / \$6,000,000 Aggregate |
| <input type="checkbox"/> \$2,000,000 / \$2,000,000 Aggregate | <input type="checkbox"/> \$7,000,000 / \$7,000,000 Aggregate |
| <input type="checkbox"/> \$3,000,000 / \$3,000,000 Aggregate | <input type="checkbox"/> \$8,000,000 / \$8,000,000 Aggregate |
| <input type="checkbox"/> \$4,000,000 / \$4,000,000 Aggregate | <input type="checkbox"/> \$9,000,000 / \$9,000,000 Aggregate |
| <input type="checkbox"/> \$5,000,000 / \$5,000,000 Aggregate | <input type="checkbox"/> \$10,000,000 / \$10,000,000 Aggregate |

Legal Named Insured:

Effective Date:

Fraud Warning

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

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

APPLICATION CHECKLIST

- Completed OneBeacon Fire and Emergency Services Application
- Signatures on Application and Statement of Values Where Required
- Copy of or Link to Applicant's Most Recent Budget
- Verified Loss History, Including Large Loss Details for Current Year and 3 Preceding Policy Terms
- Signed Statement of Values for Property and Equipment/Inland Marine
- Vehicle Schedules Includes Cost New and any Agreed Value Requested

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

SIGNATURE OF AGENT/BROKER

TITLE

DATE