

Fire/EMS PAK® Application



State Director Name (If Applicable): _____

State Director Agent Number (If Applicable): _____

Originating Agent Name: _____

Originating Agent Code Number: _____

Today's Date: _____ Date Needed: _____ Proposed Effective Date: _____

Indicate Coverage to Quote:

- Building & Contents
- Public & Professional Liability
- Apparatus – Fire Service Vehicles & Ambulance
- Portable Fire/EMS Equipment
- Other Inland Marine
- Excess policy: Submit Acord Application

Special Instructions: _____

Applicant Information

Named Insured: _____

Mailing Address : _____

Website: _____

Other Named Insureds: _____

Reason(s) for any Other Named Insureds: _____

Year Entity Began Operations: _____

FEIN: _____

Fire Chief/EMS Administrator/Governing Board Contact

Name: _____

E-mail Address: _____

Phone: _____

Form of Organization: Fire Department Only Fire & EMS Combined EMS Only

How is your Emergency Response Organization authorized to operate?

- Municipal / City Owned and Controlled
- County Owned and Controlled
- Independent
- Non-Profit Corporation
- For Profit Corporation
- Township
- Fire/EMS District
- Other(describe): _____

Total Number of Members:

- Full-time Paid (35 or more hours per week) _____
- Part time paid (less than 35 hours per week) _____
- Volunteers _____

Loss History

Check here if no losses
Loss runs required upon binding

Enter all claims other than workers comp for five (5) prior years or attach loss runs			Date Of Claim	Amount Paid	Amount Reserved	Claim Status
Date Of Occurrence	Line	Type/Description Of Occurrence Or Claim				
_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED

Current Insurance Company, Coverage And Premiums

X - Coverage Presently Insured

	Name of Insurer	Annual Premium
<input type="checkbox"/> Property (Building & Contents)	_____	\$ _____
<input type="checkbox"/> Portable Equipment & Other Inland Marine	_____	\$ _____
<input type="checkbox"/> Commercial General & EMS Liability		
Limit of Liability \$ _____	_____	\$ _____
<input type="checkbox"/> Management Liability		
<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made		
Limit of Liability \$ _____	_____	\$ _____
<input type="checkbox"/> Employment Practices Liability		
<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made		
Limit of Liability \$ _____	_____	\$ _____
<input type="checkbox"/> Automobile		
Limit of Liability \$ _____		
Comp Ded: \$ _____ Coll Ded: \$ _____	_____	\$ _____
<input type="checkbox"/> Umbrella/Excess Liability		
Limit of Liability \$ _____	_____	\$ _____
	Total Premium	\$ _____

Additional Interests

PROPERTY INTERESTS

1. Type of Interest: _____
 Item of Interest: _____
 Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

2. Type of Interest: _____
 Item of Interest: _____
 Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

LIABILITY INTERESTS

1. Type of Interest: _____
 Item of Interest: _____
 Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

2. Type of Interest: _____
 Item of Interest: _____
 Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

Note: For Automobile Additional Interests - see Auto Section.

FirePAK Property

Additional Coverages

Additional Property limits (Optional)	Provided	Increase To:
Accidental Discharge of Fire Protection Equipment	\$ 25,000	_____
Fine Arts at Market Value	\$ 50,000	_____
Ordinance or Law - Demolition and Increased Cost of Construction	\$ 300,000	_____
Employee Theft*	\$ 50,000	_____
Outdoor Property	\$ 300,000	_____
Computer Equipment including Electronic Data	\$ 250,000	_____

**If increased limits are desired for Employee Theft, please complete Acord 141 Crime Section 2000 application.*

Indicate the reason for higher limits: _____

All locations: If building limit is \$500,000 or more, complete a CoreLogic COMMERCIAL EXPRESS™ valuation and attach photos. Any building insured on a Guaranteed Replacement Cost basis requires photos of front, side, and back of the building, and a CoreLogic COMMERCIAL EXPRESS™ valuation.

Street Address _____ Location # _____ Occupancy _____
 (use legal description only if no street or E911 address exists)

County _____ City _____ State _____ Zip Code _____

Building Limit _____ Building Personal Property Limit _____ Coinsurance % _____ Deductible \$ _____

Valuation Provision

Replacement Cost Actual Cash Value Guaranteed Replacement Cost

Protection Class **# of Stories** **Year Originally Built** **Total Square Ft. (Area)** **Sub Floor**

 Basement Slab Crawl Space

Construction Type

Frame/Wood Combustible Joisted Masonry/Masonry Non-Comb Pre-Engineered Metal Masonry Non-Comb Steel Frame
 Modified Fire Resistive Protected Steel Frame Fire Resistive Reinforced Concrete Frame

Year Installed/Updated

Plumbing **Electrical** **Heating/AC System** **Pressure Boiler**

Roof Construction Type

(ex: asphalt shingle, metal, slate, membrane)

Year Roof Installed

Fire Protection System: Yes No

Other exposures:

Is there a hall/community meeting area in the fire station or a separate building? Yes No
 If yes:
 Provide the address(es): _____
 Describe events and users: _____
 Provide the square feet of area rented to the public: _____
 How often is it rented? _____
 Is there any grease laden cooking? Yes No If yes, is a UL fire suppression system utilized? Yes No

Earthquake/Flood

Is Earthquake coverage requested? Yes No Deductible: \$1,000 5% 10%
 Is Flood coverage requested? Yes No Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 _____%
Note: Flood Coverage is limited to \$1,000,000 per policy and \$1,000,000 Annual Aggregate. (WI is limited to \$500,000.)
 Has the property ever experienced flooding? Yes No If yes, when: _____ Amount of damage: \$ _____
 Is the property protected by a levee? Yes No
 Is there an evacuation plan in place to reduce or avoid property loss? Yes No

* For additional locations, please add additional copies of FirePAK property form.

FirePAK General Liability / Professional Liability

Limit of Liability

\$ _____ each occurrence \$ _____ aggregate

Operations

Population Served by Your Organization on a First Alarm Basis (not including mutual aid): _____

Population during tourist season if applicable: _____

Please enter the total number of annual calls for each operation of your entity:

Fire calls:	EMS calls:	Non-Emergency Transports:
Search & Rescue calls:	HazMat calls:	Controlled Burns:

Is there any sharing of services, property or vehicles with any other entity? Yes No

If yes, please describe: _____

Hold harmless agreements in place? Yes No

Are you or any of your members involved with Community Paramedicine Services? Yes No

Are there any other operations performed by the applicant? Yes No

If yes, please describe: _____

HazMat Calls (complete only if applicable)

What is your HazMat certification level? _____

Types of materials cleaned: _____

Describe your HazMat operations: _____

EMS Operations (complete if applicable)

Is a licensed physician utilized as your Medical/EMS Director? Yes No

Years of experience for: EMS Director/Manager: _____ EMS Medical Director: _____

Do you audit/review and document the work of all EMS Personnel? Yes No

Frequency of review: Weekly Monthly Annually

Do you take disciplinary action for EMS personnel not performing to required standards? Yes No

Do you have a maximum number or type of EMS violations that personnel may incur before corrective action is taken? Yes No

If yes, please describe: _____

Do you transport any imprisoned persons, inmates or detainees? Yes No

Do you transport any psychiatric persons? Yes No

Do you provide any transport greater than 100 miles? Yes No

If yes, please advise the number or percentage of long distance transport: _____

What certification level has your entity been awarded by your state? _____

Certification levels vary by state. Provide the number of rostered members for each EMS category (or their state equivalent titles). Count individuals only once, at their highest EMS individual certification level.

First Responder:	EMT Basic:
EMT Intermediate:	EMT Advanced Paramedic:

Search and Rescue Operations (complete if applicable)

Describe your search and rescue operations: _____

Junior Firefighter or Cadet Program (complete if applicable)

Do you have a program? Yes No If yes, attach copy of cadet operating guidelines.

Number of participants? _____ Age range of participants? _____

What activities are participants limited to? _____

Do you require parents to sign waivers releasing your organization from liability and do the parents and minors understand the risks of your cadet program? Yes No

Do you require that all cadets are supervised? Yes No

Special Events:

Our liability policy does not cover certain fund raising or sponsored events unless they are specifically added to the policy. We will insure the following events (additional premium may apply).

Festival/Fair:	Fireworks Display (Sponsor Only):
Other:	Fireworks Display (Detonation):
Other:	Cost of Fireworks: \$

Bounce House/Amusement Rides are not eligible for coverage. Please advise if these exposures exist: Yes No

Liquor Liability (Optional Coverage)

Is Liquor Liability Coverage needed:

Yes No

Are you required to obtain a liquor license or permit to serve alcohol?

Yes No

Do you possess a current and valid liquor license or permit?

Yes No

Has your liquor license ever been suspended or revoked? If yes, explain: _____

Have you ever been cited for violations of a law/ordinance relating to the sale of alcohol?

Yes No

If yes, explain: _____

Have you incurred any claims for liquor liability during the past three years?

Yes No

If yes, explain: _____

Do you have a written alcohol service policy that is distributed to new and existing persons serving alcohol?

Yes No

Does the written alcohol service policy include guidance on how to monitor and recognize intoxication?

Yes No

Are alcohol servers required to sign and acknowledge that they have read, understand, and will comply with the alcohol policy?

Yes No

Is service delayed or discontinued for customers who show signs of approaching intoxication?

Yes No

Are transportation arrangements made for customers who appear to be impaired?

Yes No

Are servers required to ask for identification of all patrons who appear to be 35 years old or younger

Yes No

Do you post signage clarifying intent to not serve underage patrons?

Yes No

Is service of alcohol refused to anyone unable to provide legal proof of age?

Yes No

Is alcohol being served in a controlled area to ensure serving to legally eligible patrons?

Yes No

Describe the event(s) alcohol is being provided for, including any entertainment:

Yes No

Cyber Liability

Is Cyber Liability coverage requested?

Yes No

If yes, Limit \$ _____ Note: If over \$200,000, an additional supplement will be required. Please advise underwriter.

Does the organization have current firewall software installed on their computer network?

Yes No

Does the organization have current anti-virus software installed on their computer network?

Yes No

Does the organization have a written privacy and security policy?

Yes No

Employers Liability – Stop Gap (Optional Coverage)

If the insured purchases their Workers' Compensation from a state fund that does not provide Employers Liability Coverage, we can provide this coverage.

Is Stop Gap coverage needed? Yes No State _____

If yes, specify Limits of Liability _____ / _____ / _____ (Each Employee/Each Accident/ Aggregate Disease)

Management Liability (Optional Coverage)

Each Wrongful Act Limit \$ _____ Annual Aggregate Limit \$ _____

Deductible \$1,000 \$2,500 \$5,000

Do you currently have Claims-Made Management Liability Coverage?

Yes No

Do you want Prior Acts Coverage?

Yes No

Does the entity have a written Policies and Procedures Manual for all its activities?

Yes No

Does the entity have legal counsel regularly review the manual?

Yes No

For the following questions, please explain any "Yes" answers in the space provided below.

Has your entity or any director/officer of your entity been the subject of or involved in any of the following in the last five (5) years:

Any disciplinary action, proceedings or charges by any regulatory agency or association?

Yes No

Any actual or alleged criminal, fraudulent or dishonest acts, errors or omissions?

Yes No

Any lawsuits relating to the operation of the entity?

Yes No

Does the applicant have knowledge of any incidents which would cause a person to believe that a claim or suit might result?

Yes No

Employment Practices Liability (Complete if Applicable)

Limit of Insurance: \$ _____ Annual Aggregate Limit: \$ _____

Retroactive Date if applicable: _____

Do you currently have Claims-Made Employment Practices Liability Coverage? Yes No

Deductible: \$2,500 \$5,000

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Volunteers
Number of Employees/Volunteers Now			
Number of Employees/Volunteers 1 Year Ago			
Number Terminated / Laid Off in last 12 months			
% of Employees/Volunteers with Dept. Less Than 12 Months			
% of Employees/Volunteers with Dept. More Than 5 Years			

Do you use an employment application for all your job applicants? Yes No

Do you secure references on job candidates? Yes No

Do you have an Employment Handbook for all employees? Yes No

Are all employees / volunteers required to sign a form that they have been provided with and reviewed a copy of the Employee handbook? Yes No

Do you have a specific person that handles all personnel issues? Yes No

Do you have job descriptions and expectations clearly written and utilized? Yes No

Do you have a clearly written policy against discrimination? Yes No

Is annual training conducted for all employees and/or volunteers? Yes No

Do you have a clearly written policy against sexual harassment? Yes No

Do you seek counsel from an attorney before terminating an employee/volunteer? Yes No

Do you have a policy on giving references on former employees/volunteers to others? Yes No

Are you aware of any fact, situation, or circumstance which may result in an Employment Practices Liability claim? Yes No

Have there been any previous allegations or claims relating to employee termination, harassment, or discrimination? Yes No

Automobile

You must include and sign ACORD 61 (if applicable) and ACORD 137 (not the schedule) forms applicable to your state.

Note: \$1,000,000 is the maximum Uninsured/Underinsured limit we will write.

Does your organization order and review MVR's for all members? Yes No

Do you provide ongoing driver training to all new and current members?
How often? _____ Yes No

Do you have standard operating guidelines requiring all members to comply with all motor vehicle laws while responding to calls or conducting operations for your entity? Yes No

Do you have standard operating guidelines stating that all members cannot drive or conduct any operations for your entity if under the influence of alcohol or drugs? Yes No

Are any active drivers on your roster under the age of 25 or over the age of 70? Yes No
If yes, please provide driver information for each (Name, D.O.B., License Number):

Do you conduct monthly inspections of all vehicles tires to determine proper condition or need of replacement?
NFPA 1911 requires inspection and that all tires must be replaced every seven years. Yes No

Does your organization repair the vehicles of others? Yes No
If yes, please answer:

Types of vehicles repaired? _____

Values of vehicles repaired? _____

Are any vehicles provided for the personal use of any member of the organization? Yes No

If yes, please identify the vehicle and the name of individual to whom it is furnished:

Are any vehicles on loan from forestry service or other governmental agencies? Yes No

If yes, please identify vehicle(s): _____

Is primary liability coverage for member's personally owned and hired vehicles requested? Yes No

GUIDE FOR APPARATUS, FIRE SERVICE VEHICLES & AMBULANCE

1) INSURABLE DOLLAR VALUES

We insure physical damage for vehicles on either an Actual Cash Value basis (ACV) or a Designated Value (DV) basis. Vehicles that are standard production vehicles such as private passenger cars, pickups, vans and sport utility vehicles will be insured on an ACV basis and you need to tell us the cost new of the vehicle and the 17-digit VIN. If insured on a DV basis, you need to tell us the value that you want to insure on the vehicle.

Other special fire service and EMS vehicles should be insured on a DV basis. You must determine the DV that you want to insure on the vehicle. The DV you decide should be somewhere between the ACV of the vehicle and the cost to replace the vehicle with a new one.

You should choose the DV for each vehicle very carefully. Remember, in case of a loss, most vehicles are repaired, not replaced. However, if the repair cost of a vehicle exceeds 75% of the DV you have chosen, you have the option to not repair and to get another vehicle. The payment for a new vehicle is limited to the DV you have chosen.

Things to consider for DV:

1. The age of the vehicle.
2. The Actual Cash Value and Replacement Cost of the vehicle. Include the value of any permanently installed equipment, such as a loading system (excluding gurneys and cots).
3. What do you want or need to get back if that vehicle has to be replaced?
4. Remember, the higher the DV the more you will pay in insurance premiums and the less likely it is that you will reach the 75% repair cost threshold needed to replace the vehicle.

(2) VALUE CODE

CN = Cost New DV = Designated Value

(3) USE CODE

Numeric or Numeric Alpha code to describe the unit and its use.

CODE	DESCRIPTION
1	PUMPER: Firefighting Apparatus per N.F.P.A. 1901
1A	AERIAL LADDER TRUCK: Apparatus with or without pump
1M	MINI PUMPER: Booster or Class A Pump
2	TANKER: Water carrier, with or without pump
2T	Same as #2, but a Tractor-Trailer unit
3	EQUIPMENT/PERSONNEL CARRIER: Truck, step-van, station wagon, pickup, etc. with permanently attached specialized Fire/EMS equipment (other than lights and sirens)
3b	EQUIPMENT/PERSONNEL CARRIER: Converted bus or similar vehicle, with permanently attached specialized Fire/EMS equipment (other than lights, sirens)
4A	RESCUE TRUCK: Heavy
4B	RESCUE TRUCK: Light
5A	AMBULANCE (Advanced Life Support): ALS Ambulance is designed to transport or support a transport vehicle with specialized medical equipment as specified by a governing authority. <ul style="list-style-type: none"> • Examples of such equipment could be, but not limited to: BLS equipment, intravenous equipment, cardiac monitoring equipment, telemetry communicating equipment, drug boxes, trauma kits, shock suits, etc. normally used by Nurses, EMT's and Paramedics (dependent upon certification regulations of your governing authority)
5B	AMBULANCE (Basic Life Support): BLS Ambulance is designed to transport patients/victims and equipped as specified by a governing authority. <ul style="list-style-type: none"> • Examples of equipment carried could be: resuscitation devices, oxygen therapy devices, suction equipment, splints, first aid supplies, etc.
6	ANTIQUA: Vehicle used for display or in parades
7	BRUSH: Off the road unit used to control brush/ground fire
8	PRIVATE PASSENGER: Autos, Pickups, Vans, SUV's, without permanently attached specialized Fire/EMS equipment
9	TRAILER: Except for 2T above, any non-motorized unit for any use
10	OTHER: Describe here:

Vehicle / Trailer Schedule

Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
1						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
2						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
3						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
4						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
5						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
6						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
7						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
8						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
9						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		
Unit #	Year	Make	Model	VIN/Serial	Type of Apparatus	Garaging Location #
10						
Use Code	Value Code	Insurable Value	Comp Deductible	Collision Deductible		

For additional vehicles, please add additional copies of the Vehicle/Trailer Schedule.

For Any Automobile Loss Payee or Additional Insured complete the following:

Name of Loss Payee/Additional Insured _____

Address _____

City _____ State _____ Zip _____

Unit # _____ Loss Payee Additional Insured

Name of Loss Payee/Additional Insured _____

Address _____

City _____ State _____ Zip _____

Unit # _____ Loss Payee Additional Insured

Name of Loss Payee/Additional Insured _____

Address _____

City _____ State _____ Zip _____

Unit # _____ Loss Payee Additional Insured

Inland Marine Coverage Part

Deductible Per One Occurrence: \$500 \$1,000 \$2,500 \$5,000

PORTABLE EQUIPMENT: Defined as "All Firefighting and/or Emergency Medical Equipment and gear not permanently attached to building or vehicles."

Equipment Value Per Vehicle

(Same vehicle # as shown on page 8)

1: \$ _____	(1) Sum of Equipment Value Per Vehicle	\$ _____
2: \$ _____	(2) Pagers, Base Radio, Communications & Electronic Gear	\$ _____
3: \$ _____	(3) Individual "Turnout/Breakout Gear"	\$ _____
4: \$ _____	(4) All other remaining items not in 1,2 or 3 above	\$ _____
5: \$ _____	(5) EMS Medical Equipment if not reported in 1 above	\$ _____
6: \$ _____	Equipment Grand Total	\$ _____
7: \$ _____	If more than 10 vehicles, copy this page and attach.	
8: \$ _____		
9: \$ _____		
10: \$ _____		

Other (Describe)	Complete Description, Serial #, Etc.	Replacement Cost Value	Actual Cash Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Watercraft	Year	Make/Model	Length/HP	Serial #	Replacement Cost Value	Actual Cash Value
Hull	_____	_____	_____	_____	\$ _____	\$ _____
Motor	_____	_____	_____	_____	\$ _____	\$ _____
Trailer	_____	_____	_____	_____	\$ _____	\$ _____
Equipment	_____	_____	_____	_____	\$ _____	\$ _____

Snowmobile

	Year	Make/Model	HP	Serial #	Replacement Cost Value	Actual Cash Value
Snowmobile Trailer	_____	_____	_____	_____	\$ _____	\$ _____
Equipment	_____	_____	_____	_____	\$ _____	\$ _____
(Detachable items including sleds)	_____	_____	_____	_____	\$ _____	\$ _____

All-Terrain Vehicle

	Year	Make/Model	HP	Serial #	Replacement Cost Value	Actual Cash Value
ATV	_____	_____	_____	_____	\$ _____	\$ _____
Trailer	_____	_____	_____	_____	\$ _____	\$ _____
Equipment (Detachable items including sleds)	_____	_____	_____	_____	\$ _____	\$ _____

General Fraud Warning: 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.

The fraud warnings listed below are applicable in and may be required by the states of CO, IN, MN, and NE. Please review the appropriate fraud warning relevant to the state that you reside in prior to submitting your application and/or filing a claim with us or any other insurer.

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.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/ her knowledge.

State Director

Local Agent (Name, Address, Phone Number)

CWG Agent Number

Applicant Signature Required



Local Agent Signature Required





| a Berkley Company

Acadia Insurance Company • Continental Western Insurance Company • Firemen's Insurance Company of Washington, D.C. Tri-State Insurance Company of Minnesota • Union Insurance Company