

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

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 _____

