

PROPOSALS ARE VALID FOR 45 DAYS

GENERAL INFORMATION

Policy Anniversary Date: _____ Proposal Needed By: _____

Name of Organization: _____

Mailing Address: _____

County: _____

Total Population Served on a First Call Basis: _____

Total number of emergency responses (excluding Mutual Aid) in the past twelve months
(please attach a call-log if available):

Total Fire _____ Total Rescue _____ Total EMS _____

Does the organization service a major highway? Yes No

If yes, approximately how many of the above rescue calls can be attributed to this service? _____

Does the organization service a resort area? Yes No

If yes, approximately how much does the population increase during peak season? _____

Total number of Volunteers, including Juniors and Auxiliary Members: _____

Total number of Career (Paid) Personnel: _____

Is coverage for Career (Paid) Personnel to be included in this proposal? Yes No

Are all Career (Paid) Personnel currently covered by Workers Compensation Insurance? Yes No

Are all Volunteers currently covered by Workers Compensation Insurance? Yes No

Is there a full-time Safety Officer (paid or volunteer)? Yes _____ No
(name)

INSURANCE AGENT INFORMATION

Producer: _____ CSR or other contact: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Agency e-mail address: _____

ACCIDENT & SICKNESS PROGRAM BENEFITS

Core Benefits

(choose one)	<u>PLAN 1</u>	<u>PLAN 2</u>	<u>PLAN 3</u>	<u>PLAN 4</u>	<u>PLAN 5</u>
Accidental Death & Dismemberment	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
Sickness Death Benefit	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
Permanent Physical Impairment	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
Burn Disfigurement Benefit	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
Family Expense Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Family Education Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Blanket Medical Expense (choose one)		\$10,000	\$25,000	\$50,000	
Weekly Disability Benefit (choose one) (Week 1- 4 / Week 5 +)	\$100/\$200	\$200/\$400	\$300/\$600	\$400/\$800	\$600/\$1200

Additional Core Benefits (automatically included)

- 24-Hour Accidental Death & Dismemberment: \$10,000
- Athletics and Special Events – Injury Only
 - Medical Expense Benefit: up to \$1,000
 - Total Disability Benefit: up to \$200 per week for up to 52 weeks
- HIV Benefit: *Not available in New York
- HIV Infection Prevention Benefit: *Not available in New York
- Physical Assault Benefit – Injury only: \$5,000
- Day Care Expense Benefit – Injury or Sickness: up to \$30 per day for up to 26 weeks
- Permanent Physical Impairment Education Benefit – Injury only: up to 35% of the Principal Sum, not to exceed \$20,000
- Continuation of Coverage Benefit: up to \$500 per month for up to 18 months, not to exceed \$6,000

ACCIDENT & SICKNESS PROGRAM BENEFITS (continued)

Optional Benefit Riders (indicate the benefits that are to be included)

Career Personnel Rider (Career Personnel receive same benefits as Volunteers):		Yes	No
Weekly Hospital Indemnity Rider (up to \$300 per week for up to 104 weeks):		Yes	No
• If Yes, how much per week?	\$100 \$200 \$300		
Additional Weekly Disability Rider (up to \$300 – applies to 1 st week only):		Yes	No
• If Yes, how much?	\$100 \$200 \$300		
Auxiliary Member Benefit Rider*:		Yes	No
• If Yes, how much?	AD&D Benefit \$10,000 \$25,000 Medical Expense \$5,000 \$10,000 Weekly Disability \$100 \$150 \$200		
Full Auxiliary Rider* (Auxiliary Members receive same benefits as Volunteers):		Yes	No
Organized Team Sports Rider:		Yes	No
• If Yes, provide the following:			
Number of Members	Softball/Baseball: _____	Bowling/Golf: _____	
AD&D Benefit	\$10,000 \$25,000	\$50,000	
Medical Expense	\$1,000 \$5,000	\$10,000	
Medical Expense Deductible	\$50 \$100		
Weekly Disability	\$100 \$150 \$200	\$250 \$300	
Elimination period	none 7 days		
Duration of Benefit	26 weeks 52 weeks		

* Note: The Auxiliary Member Benefit Rider and the Full Auxiliary Rider are mutually exclusive. Either one may be included, but not both.

PARTICIPATING ORGANIZATION SIGNATURE AND STATE FRAUD STATEMENTS

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

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.

THE UNDERSIGNED WARRANTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS DOCUMENT AND THAT THE INFORMATION PROVIDED IN THIS DOCUMENT, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____