

**Property/Casualty  
Insurance  
Renewal Survey**



**McNeil & Company, Inc.**  
PO Box 5670 - 20 Church Street  
Cortland, NY 13045  
(800) 822-3747  
Fax: (607) 756-5051

Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Population served on a first-call basis: \_\_\_\_\_ Years in operation: \_\_\_\_\_

If a municipal (city, town, village) department, is the organization a separate legal entity?  Yes  No

**Expected Operations for the upcoming year:**

Highest level of EMS service provided:  Advanced Life Support  Basic Life Support  
 Advanced First Aid/CPR Only  First Responder Only  No EMS

**THIS SECTION APPLIES TO ESIP ACCOUNTS ONLY**

\_\_\_\_\_ Annual fire calls \_\_\_\_\_ Average number of members responding per fire call  
\_\_\_\_\_ Annual Rescue/EMS calls \_\_\_\_\_ Average number of members responding per Rescue/EMS call  
\_\_\_\_\_ Annual Transport Only calls \_\_\_\_\_ Average number of members responding per Transport call  
\_\_\_\_\_ Total number of emergency service volunteers \_\_\_\_\_ Total number of career personnel  
\_\_\_\_\_ Number of Paramedics \_\_\_\_\_ Number of Nurses  
\_\_\_\_\_ Number of Advanced EMT's (defib-trained and above, excluding Paramedics)  
\_\_\_\_\_ Number of Basic EMT's \_\_\_\_\_ Number of First Responders

**THIS SECTION APPLIES TO ASIP ACCOUNTS ONLY**

\_\_\_\_\_ \*Emergency Ambulance calls \_\_\_\_\_ Number of Paramedics  
\_\_\_\_\_ \*Non-Emergency Ambulance calls \_\_\_\_\_ Number of Nurses  
\_\_\_\_\_ \*Non-Medical Calls \_\_\_\_\_ Number of Advanced EMT's  
\_\_\_\_\_ Number of Basic EMT's  
\_\_\_\_\_ Number of First Responders

**\*Definitions:**

**Emergency-** The assignment was dispatched as a true emergency

**Non-Emergency-** The assignment was not dispatched as a true emergency

**Non-Medical-** Any Ambulette and/or Wheelchair transportation

**Renewal Instructions:**

Is a renewal proposal required or should we just bind and issue?  Bind & Issue  Proposal Required (show date needed by): \_\_\_\_\_

Any changes in the operations or exposures of the organization? \_\_\_\_\_

Any vehicle additions or deletions that we should make to the renewal policy? \_\_\_\_\_

Any other changes? \_\_\_\_\_

Does the insured currently carry Employers Liability Coverage? If yes, please indicate Carrier, Policy # & Effective Date: \_\_\_\_\_

Are vehicles garaged at more than one location?

Yes

No

If yes, please include an updated vehicle schedule including the garaging location.

Is alcohol sold or served at any time throughout the year?

Yes

No

If yes, please complete the attached liquor supplement.

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**Application Signatures & State Fraud Statement**

**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.

**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 SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Agent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_