



PROPOSALS ARE VALID FOR 60 DAYS

GENERAL INFORMATION

Policy Anniversary Date: _____ Proposal Needed By: _____

Name of Organization: _____

Mailing Address: _____

_____ County: _____

Nature of Service: Fire _____ Ambulance _____ Other _____

Total Number of: Volunteers _____ Career Firefighters _____ Part-time Firefighters _____

Do you wish to include any Paid Employees / Non-Emergency Personnel? Yes No

Total Number of Non-Emergency Personnel _____

Do you wish to include any Non-Active Personnel in Elected or Appointed Positions (Commissioners/Trustees)

Yes No

Total Number of Non-Active Personnel _____

MEMBER CLASSIFICATION AND COVERAGE:

You can customize the benefit structure of your program by offering different benefit levels to different members of your organization. Example, Class I – Commissioners / Chief; Class II – Officers; Class III – All other members.

<u>CLASS</u>	<u># OF MEMBERS</u>	<u>COVERAGE (\$1,000 to \$50,000) age reductions may apply</u>
I.	_____	_____
II.	_____	_____
III.	_____	_____
*DO YOU WISH TO INCLUDE AD&D?	YES	NO

***PLEASE INCLUDE A CURRENT CENSUS OF ALL ELIGIBLE MEMBERS**

Is there currently a Group Term Life Insurance Plan in force? YES NO

Current Insurer _____

Current Benefit Structure (including age reductions) _____

Annual Premium _____ Life Volume _____ Rate per \$1,000 _____

LOSS EXPERIENCE – PAST THREE YEARS

PREMIUM PAID:

CLAIMS PAID:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

PARTICIPATING ORGANIZATION SIGNATURE

Applicant: _____
(signature) (title)

Date: _____

Insurance Agent: _____
(signature)

Date: _____

INSURANCE AGENT INFORMATION

NOTE: THE FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER FOR US TO QUOTE!

Producer _____	CSR or other contact _____
Name of Agency _____	
Agency Address _____	
Agent's License Number _____	
Phone _____	Fax _____