



**Fire Districts of NY Mutual Insurance Co.**  
 1 Blue Hill Plaza, PO Box 1609, Pearl River, New York 10965  
 Attn: Underwriting Dept.  
 Phone (845) 352-8855  
 Fax #: (845) 352-2022

**Worker's Compensation and Volunteer Firefighters' Benefit Law New Business Application**

Coverage Requested  VFBL  WC Requested Effective Date \_\_\_\_\_

Name of Entity \_\_\_\_\_

Mailing Address \_\_\_\_\_

FEIN # \_\_\_\_\_ County \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please list all elected or appointed officers of the applicant:**

<u>Name</u>	<u>Title</u>	<u>Daytime Phone Number</u>
1.		
2.		
3.		
4.		
5.		

**Please list all Fire Department Names and Firehouse Locations: (attach additional sheet if needed)**

1. Main Location: \_\_\_\_\_
2. Other Location(s): \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Current Insurance Information:**

Line of Business	Carrier Name	Policy Number	Policy Period	Annual Premium
VFBL				
Workers' Compensation				

**Information required for Volunteer Firefighters' Benefit Law Coverage:**

**1) Current Estimated Population of your Fire District/Department is:** \_\_\_\_\_

Please provide a description below of how you arrived at that number, or attach documentation (i.e. U.S. Census, Tax Rolls, 911 information, GIS mapping, etc.): \_\_\_\_\_

- a) What is the square mileage served? \_\_\_\_\_
- b) Attach home area description (i.e. all or part of what towns, boundaries, and / or a map)

**2) Do you have a contract to provide service to an area *outside* of your home area?**  YES  NO (if NO, go to question 3)

- a) If YES, is this contract for you to assist another Fire District or Department?  YES  NO
- b) Attach a copy of all current contracts.

c) Complete the below information for each Fire District you assist with protection and/or outside area you are protecting:

Fire Dept. or Outside Area	Population Served	Square Mileage Served	Description
1.			
2.			
3.			
4.			

**3) Do you provide mutual aid to other fire entities?**  YES  NO (if YES, list the name of the Fire District or Department)

\_\_\_\_\_  
\_\_\_\_\_

**4) Do you have a rescue or ambulance operation and provide transport for victims?**  YES  NO

a) If YES, how many ambulances do you have? \_\_\_\_\_ Number of active EMT's \_\_\_\_\_

**5) Annual Number of Fire Calls** \_\_\_\_\_ **Annual Number of Ambulance / EMS Calls** \_\_\_\_\_

**6) Do you have a Juniors program?**  YES  NO *If yes, please submit a copy of the resolution.*

**7) Do you have a Racing / Drill team?**

- Yes, we have a motorized racing/drill team. How many races do you compete in annually? \_\_\_\_\_
- Yes, we have an old-fashioned (non-motorized) racing/drill team. How many races do you compete in annually? \_\_\_\_\_
- No, we do not have a racing/drill team

a) If NO, do any of **your** members participate in a racing team **outside** your district **AND** are authorized by a Director, Officer or Commissioner to do so?  YES  NO

**8) Do you have New York State Certified Health and Safety Officer?**  YES  NO

If yes, how many **active member** Certified Safety Officers do you have? \_\_\_\_\_

**9) Do you have a Safety Committee?**  YES  NO

**10) Do you have written Safety Procedures in place?**  YES  NO

11) Number of active fire emergency vehicles: \_\_\_\_\_ Number of active Volunteer Firefighters: \_\_\_\_\_

a) Number of Volunteer Firefighters in each classification:

Class A (Interior Structure) \_\_\_\_\_ Class B (Exterior Structure) \_\_\_\_\_

Class C (Fire Police Only) \_\_\_\_\_ Class D (Administrative Only) \_\_\_\_\_

**Information required for Workers' Compensation Coverage (Fire Districts only):**

*Section 54-6a of the Workers' Compensation law requires a Fire District to provide Workers' Compensation coverage for its officers and employees whether or not such persons are paid for their services. This Volunteer Firefighters' Benefit Law policy when issued, will not afford coverage for Workers' Compensation benefits for Fire District officers including Fire Commissioners or employees. A separate Workers' Compensation policy is needed for such coverage.*

**Paid Employee Information:**

<b><u>CLASSIFICATION</u></b>	<b><u>Number Of Employees</u></b>	<b><u>Total Annual Payroll Per Classification</u></b>
Paid Firefighters (7710)	_____	_____
Paid EMT's (8394)	_____	_____
Dispatchers (8810)	_____	_____
Clerical (Sec/Treas, etc.) (8810)	_____	_____
Bldg. Maint. – Janitorial (9026)	_____	_____
Mechanics (8391)	_____	_____
Bldg. Inspectors (8720)	_____	_____
Others: (Specify below and attach page listing their duties)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Fire Commissioners: \_\_\_\_\_

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 facts 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.

Authorized Officer's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

*Premiums for Volunteer Firefighters' Benefit Law and Workers' Compensation Insurance are set by the New York Compensation Insurance Rating Board and not by FDM. All premiums are subject to annual audit.*