



PROPERTY/CASUALTY RENEWAL SURVEY MULTI-STATE

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____

Legal Name of Organization: _____
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

FEIN: _____

Mailing Address: _____ County: _____

Website Address: _____ Phone #: _____

Chief: _____ Phone # _____ E-Mail: _____

Training Officer: _____ Phone # _____ E-Mail: _____

Inspection Contact: _____ Phone # _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact _____

Telephone: _____ Fax: _____ E-mail address: _____

BUSINESS INFORMATION

Which best describes the organization (please check one):

- Fire Suppression only (no EMS)
- Fire and Rescue/EMS
- Professional/Trade Association
- Rescue/EMS Squad or Ambulance Squad
- Relief Association
- Training Center

The organization is a (please check one):

- Tax District
- Independent Non-Profit Organization
- County Department/Organization
- Municipal, Village or Town Department
- For Profit Organization

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

OPERATIONS

Population served on a first-call basis: _____ Annual Revenue: _____

Employees/Volunteers:

Total number of career personnel:

Full Time: _____ Part Time: _____

Total number of emergency service volunteers: _____

Turn-over rate for career personnel: _____

Does the organization utilize a licensed physician as its Medical/EMS Director? Yes No

Do you contract out any of your personnel? Yes No

If yes, please provide a copy of the contract.

Emergency Operations: N/A

Annual Fire/Rescue Calls _____

Emergency Ambulance Calls _____

Non-Emergency Ambulance Calls _____

Emergency – The assignment was dispatched as a true emergency

Non-Emergency – The Assignment was not dispatched as a true emergency

OPERATIONS (CONTINUED)

Non-Emergency Operations: N/A

Are you involved in:

- | | | |
|---|----------------------|-----------------------|
| <input type="checkbox"/> Community Paramedicine | Annual Visits: _____ | Annual Revenue: _____ |
| <input type="checkbox"/> Community Health Check-ups | Annual Visits: _____ | Annual Revenue: _____ |
| <input type="checkbox"/> Wheelchair Transport | Annual Calls: _____ | Annual Revenue: _____ |

Do you dispatch for other entities? Yes No

If yes, please complete a Dispatch Supplement form.

Highest Level of EMS services provided?

- Advanced Life Support Basic Life Support No EMS

Stretcher Information:

Type	Brand	Number Used
X-Frame	<input type="checkbox"/> Ferno <input type="checkbox"/> Stryker Other: _____	
Power Cot	<input type="checkbox"/> Ferno <input type="checkbox"/> Stryker Other: _____	
Bariatric Cot	<input type="checkbox"/> Ferno <input type="checkbox"/> Stryker Other: _____	
Other	<input type="checkbox"/> Ferno <input type="checkbox"/> Stryker Other: _____	

Does your service have a mandatory lift assist policy? Yes No

Please indicate the type of straps used to secure the patient(s)? 2-point 3-point 5-point

Are all bariatric patients transported using a bariatric cot? Yes No

Are two transport teams used to transport all bariatric patients? Yes No

Wheelchair Information:

Do all your wheelchairs meet the WC19 standard? Yes No

Do all your wheelchair tie downs and lap belts meet the WC18 standard? Yes No

What type of tie downs are utilized for the patient? 4 point Strap Docking

Is a wheelchair checklist mandatory for all drivers to utilize? Yes No

Are wheelchair reminder stickers inside the vans? Yes No

How often are wheelchair van drivers required to complete training? Annually Bi-Annually Remedial Other _____

EMPLOYERS LIABILITY

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident (\$100,000 min)

\$ _____ Bodily Injury by Disease (\$100,000 min)

\$ _____ BI by Disease Policy Limit (\$500,000 min)

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

RENEWAL INSTRUCTIONS

Are there any building or BPP changes to be made to the renewal policy? Yes No

Are there any vehicle additions or deletions to be made to the renewal policy? Yes No

Are there any Agreed Value changes to be made to the renewal policy? Yes No

RENEWAL INSTRUCTIONS (CONTINUED)

Are there any interest changes to be made to the renewal policy? Yes No

Are there any watercraft additions or deletions to be made to the renewal policy? Yes No

Are there any aircraft/drone additions or deletions to be made to the renewal policy? Yes No

If yes to any of the above, please attach a change request.

Is alcohol sold or served at any time throughout the year? Yes No (If yes, please complete and attach the liquor supplement.)

Does the insured carry Workers Compensation coverage? Yes No

Are all paid and volunteer staff covered by Worker's Compensation coverage? Yes No

If no, please explain: _____

If you would like to receive a quote for Accident & Sickness Insurance please complete the Accident & Sickness Application which can be downloaded from our website at: <http://www.mcneilandcompany.com/mcneil.aspx?page=forms#esip>

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____

(To be signed by someone who does not have access to funds)

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____