

**APPLICATION FOR NEW YORK  
VOLUNTEER FIREFIGHTERS' BENEFIT LAW (VFBL)  
AND EMPLOYERS' LIABILITY INSURANCE**

- Application is hereby made to FIRE DISTRICTS OF NEW YORK MUTUAL INSURANCE COMPANY for a policy insuring the applicant's liability for the payment of benefits to the applicant's volunteer firefighters under Chapter 64-A of the Consolidated Laws of New York, known as the "Volunteer Firefighters' Benefit Law."
- Applicant understands that no liability shall attach to FIRE DISTRICTS OF NEW YORK MUTUAL INSURANCE COMPANY under this application and that insurance shall not be effective unless and until this application is accepted, in writing, by FIRE DISTRICTS OF NEW YORK MUTUAL INSURANCE COMPANY.
- Applicant further understands that a policy of insurance issued pursuant to this application will not extend coverage under Workers' Compensation Law or Volunteer Ambulance Workers' Benefit Law; any liability of the applicant under such laws to employees, executives or other must be separately insured under a Workers' Compensation insurance policy or Volunteer Ambulance Workers' Benefit Law policy for which separate applications must be submitted.

**Please print or type.**

Requested Effective Date Of Insurance, 12:01 a.m., E.S.T. \_\_\_\_\_

Full Legal Name Of Applicant \_\_\_\_\_

Applicant Is: -County -Town -Village -Fire District -City ***No other entities allowed by law.***

Mailing Address – Street \_\_\_\_\_

City / State / Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

Website \_\_\_\_\_

For the purpose of serving notice, the insured agrees that the above address shall be considered the business address of this applicant or any representative upon whom notice may be served.

Name/Title of Contact Person \_\_\_\_\_

Telephone and email \_\_\_\_\_

**Fire Department Names and Firehouse Locations: (Attach additional sheet if needed.)**

Main Location: \_\_\_\_\_

Other Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List all Elected or Appointed Officers of the Applicant.**

<u>Name</u>	<u>Title</u>	<u>Daytime Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Insurance Representative, if any**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip / Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Current Insurance Company:**

<u>Name</u>	<u>Policy Number</u>	<u>Policy Period</u>	<u>Number Of Accidents</u>	<u>Premium</u>
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\_\_\_\_\_

Has any Insurance Company declined to offer coverage to you during the last twelve months?

\_\_\_\_\_ If yes, why was coverage declined? \_\_\_\_\_

\_\_\_\_\_

**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.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Attach home area description. (i.e. All or part of what towns, boundaries; and/or map)

3. What is the square mileage served? \_\_\_\_\_

4. Do you have a contract to provide service to an area outside of your home area?  YES  NO

If "NO:" go to "Workers' Compensation Coverage: Paid Employee Information."

If "YES:" Attach a copy of all current contracts.

Is this contract for you to assist another Fire District or Department?  YES  NO

If "YES:" Name of Fire District/Department you are assisting with protection:

\_\_\_\_\_

If "NO:" Name of Outside Area you are protecting: \_\_\_\_\_

Current Estimated Population of the Outside Area: \_\_\_\_\_

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.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the square mileage served? \_\_\_\_\_

5. Extension of Employers Liability Coverage to be included  Yes  No

6. Annual Number of Fire Calls \_\_\_\_\_ Annual Number of Ambulance Calls \_\_\_\_\_

7. Do you have a Motorized Drill / Racing team?  YES  NO

**Workers' Compensation Coverage:**  
**(Information needed from *Fire District* applicants only)**

Do you have any paid employees? If yes, what is the name of your current Workers' Compensation Insurance Company?

Policy No. \_\_\_\_\_

Are fire district officers and employees covered for benefits under a Workers' Compensation Insurance Policy?

Yes       No—Explain \_\_\_\_\_

*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:**

<u>POSITION</u>	<u>Number Of Employees</u>	<u>Annual Payroll for Position</u>
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: \_\_\_\_\_

**\*\*For Districts with Paid Firefighters (7710), please include number of man calls below and attach documentation:**

Volunteer Man Calls: \_\_\_\_\_ Paid Man Calls: \_\_\_\_\_

**Statistical Information:**

Number of active volunteer firefighters \_\_\_\_\_

Do you have Certified Health and Safety Officers?  YES  NO

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

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

If yes:

How many ambulances do you have? \_\_\_\_\_ Number of active volunteer EMT's \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature of Authorized Officer – Title)

\_\_\_\_\_  
(Date)