

**Fire Districts Of NY Mutual Insurance Co.**  
777 Chestnut Ridge Rd, Suite 302, Chestnut Ridge, New York 10977-5670  
Attn: Underwriting Dept.  
Phone (845) 352-8855 Ext. 14  
Fax #: (845) 352-2022

**Volunteer Firefighters' Benefit Law Coverage Renewal Information**

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

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

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

Website \_\_\_\_\_

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

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

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

**Contact for Underwriting Purposes:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

**Contact for Claims Purposes:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

## Volunteer Firefighters' Benefit Law Coverage Renewal Information

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

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

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

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

### Fire District/Department Information:

Have there been any changes to the coverage area since last year? If yes, please describe below and attach copies of current contracts.

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

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

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

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

## Volunteer Firefighters' Benefit Law Coverage Renewal Information

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: \_\_\_\_\_

## Volunteer Firefighters' Benefit Law Coverage Renewal Information

### 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.

### Person completing this form:

\_\_\_\_\_ (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.