



**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  
Fax #: (845) 352-2022

## Worker's Compensation and Volunteer Firefighters' Benefit Law Renewal Application

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

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

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

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

Website \_\_\_\_\_

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

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

**3) Do you have a contract to provide service to an area *outside* of your home area?**  YES  NO

If yes, explain & include the name of Fire District or Department:

**4) Have there been any changes to the coverage area since last year?**  YES  NO

If yes, please describe below and attach copies of current contracts.

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

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

- Yes, we have a motorized racing/drill team
- Yes, we have an old-fashioned (non-motorized) racing/drill team
- No, we do not have a racing/drill team

**6A) If yes, how many races do you compete in annually?** \_\_\_\_\_

**6B) If you do not have a racing / drill team, 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

7) 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? \_\_\_\_\_

8) Do you have a Safety Committee or Written Safety Procedures in Place?  YES  NO

*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>CLASSIFICATION</u>	<u>Number Of Employees</u>	<u>Total Annual Payroll Per Classification</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: \_\_\_\_\_

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.

Insured'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.*