



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 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.