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| **Volunteer Fire Department Supplemental Application** | | | | | | | | | | |
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| **NOTES:** | | **This Supplemental application must be completed in addition to the General Application** | | | | | | | | |
|  | | **All sections with an \* must be completed** | | | | | | | | |
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| **\*General Information** | | | | | | | | | | |
| Legal Name of Applicant | | |  | | | | Policy Number | |  | |
| Brokerage Name | | |  | | | | | | | |
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| Indicate all services (other than Fire Fighting) provided by the Applicant | | | | | | | |  | | |
| Emergency/Medical | | | |  | Emergency Planning and Preparedness |  | |  | | |
| Well or Pool Water Filling Service | | | |  | Equipment Servicing |  | |  | |  |
| Hazardous Material Handling | | | |  | Woodstove Inspections |  | |  | |  |
| Other | | | |  |  |  | |  | |  |
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| **\*Fire Fighting** |  |  |

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| Number of Firefighters |  |  |

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| Does the Applicant keep a record of each and every call? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "No", explain | | | | | | | | | | | | | | | | |  | |  | |  | |  |
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| If "Yes", do records contain | | | | | | | | | | | | | | | | | | | | | | | |
| Date and time of the run? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| Nature of emergency? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| Length of time records are kept | | | |  | | | | | | | | | | |  | | | | | |  | |  |
| Does the Applicant routinely leave personnel behind to monitor fire sites for rekindling? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "Yes", how long? |  | hours | | | | | | | | | | | | | | | | | | |  | |  |
| Does the Applicant investigate the cause of fire? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "Yes", explain training received | | | | | | | | | | | | | | | | |  | |  | |  | |  |
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| Provide a description of training, instruction and/or support that is provided for the inexperienced drivers to prepare for operation of fire vehicles responding to an emergency. | | | | | | | | | | | | | | | | | | | | | | | |
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| Provide commentary on driver experience involving some type of larger vehicle experience. | | | | | | | | | | | | | | | | |  | |  | |  | |  |
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| **Emergency/Medical** | | |  | | | | | | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | | |  |
| Does the Applicant plan to provide Emergency Response medical care exceeding St. John | | | | | | | | | | | | | | | | |  | |  | |  | |  |
| Ambulance training? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "Yes", what treatments are provided? | | | | | | | | | | | | | | | | | | | | | | | |
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| Provide details of qualifications for personnel providing medical treatment | | | | | | | | | | | | | | | |  | | | | | | | |
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| Does the Applicant provide cardiac defibrillation? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "Yes", how many firefighters are certified? | | | | | | | |  | | |  | | | | | | | | | | | | |
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| **Well or Pool Filling Services** | | | | | | |  | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | | | |  |
| Does the Applicant fill wells, pools, etc. in their service territory? | | | | | | | | | | | | | | | | | YES | |  | | NO | |  |
| If "Yes", what source of water is used? | | | | | | | | | | | | | | | | | | | | | | | |
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| **Woodstove Inspections** | | |  | | | | | | | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | |  |
| Does the Applicant's personnel conduct wood stove installation inspections? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| If "Yes", are the inspections completed by WETT trained personnel? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| If "No", provide full details regarding qualifications and training | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | |  | |  |  |
| Are copies of inspections provided to home or business owners? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| Does the Applicant inspect properties to ensure compliance with codes and standards, | | | | | | | | | | | | | | | | | |  | |  | |  |  |
| condemning properties or rejecting or revoking licences where hazardous conditions are found? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| If "Yes", explain | | | | | | | | | | | | | | | | | |  | |  | |  |  |
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| **Hazardous Material Handling** | | | | | | | | |  | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | |  |
| Is the Applicant trained in the handling of hazardous materials? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| Explain or attach information regarding qualifications and training | | | | | | | | | | | | | | | | | |  | |  | |  |  |
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| Does the Applicant clean up and prevent the further spread of hazardous materials spills? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| If "Yes", explain | | | | | | | | | | | | | | | | | |  | |  | |  |  |
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| Does the Applicant decontaminate persons and materials exposed to hazardous materials? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| Has the Applicant identified the locations and types of hazardous materials present in their | | | | | | | | | | | | | | | | | |  | |  | |  |  |
| operations area? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| Are records of this information kept and used when fighting a fire at a site containing these | | | | | | | | | | | | | | | | | |  | |  | |  |  |
| materials to prevent pollution of adjoining properties from a fire? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
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| **Emergency Planning and Preparedness** | | | | | | | | | |  | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | |  |
| Does the Applicant conduct on-site surveys to identify the hazards of various occupancies in the | | | | | | | | | | | | | | | | | |  | |  | |  |  |
| community as a means of preparing to deal with possible future fires? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
| Does the Applicant conduct fire prevention and safety programs, including fire drills in public schools and industrial installations? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Equipment Servicing** | | | | |  | | | | | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | |  |
| Indicate all types of equipment the Applicant services (e.g. fire extinguishers, self-contained breathing apparatus, etc.) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant service these types of equipment for other fire departments? | | | | | | | | | | | | | | | | | | YES | |  | | NO |  |
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| **Other** | | | | | |  | | | | | | | | **Check if the exposure is not applicable to any operations** | | | | | | | | |  |
| Indicate any other exposures (e.g. events, tours etc.) | | | | | | | | | | | | | | | | | |  | |  | |  |  |
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| Provide full information regarding all "other” exposures | | | | | | | | | | | | | | | | | |  | |  | |  |  |
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| **Applicant Name** |  | **Title/Position** | |  |
| **Applicant Signature** |  | **Date** | |  |
| **Broker Name** |  |  |  | | |
| **Broker Signature** |  |  |  | | |