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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 |  |  |  |  |
|       |
| 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 |  |  |  |  |
|       |
| 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. |
|       |
| 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? |
|       |
| Provide details of qualifications for personnel providing medical treatment  |  |
|       |
| 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 |
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| 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 |  |  |  |  |
|       |  |  |  |  |
| Does the Applicant clean up and prevent the further spread of hazardous materials spills? | YES |       | NO |       |
| If "Yes", explain |  |  |  |  |
|       |  |  |  |  |
| 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.) |  |  |  |  |
|       |
| Provide full information regarding all "other” exposures |  |  |  |  |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |