

Volunteer Fire Department Supplemental Application

NOTES: This Supplemental application must be completed in addition to the General Application
All sections with an * must be completed

*General Information

Legal Name of Applicant _____ Policy Number _____

Brokerage Name _____

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			

*Fire Fighting

Number of Firefighters _____

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.

Emergency/Medical

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? _____

Well or Pool Filling Services

Does the Applicant fill wells, pools, etc. in their service territory? YES _____ NO _____

If "Yes", what source of water is used? _____

Woodstove Inspections

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 _____

Hazardous Material Handling

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 _____

Emergency Planning and Preparedness

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 _____

Equipment Servicing

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 _____

Other

Indicate any other exposures (e.g. events, tours etc.) _____

Provide full information regarding all "other" exposures _____

Applicant Name	_____	Title/Position	_____
Applicant Signature	_____	Date	_____
Broker Name	_____		
Broker Signature	_____		