

**National Casualty Company**  
 Home Office: Madison, Wisconsin  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

## Public Entity Application Firefighters Professional Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<b>A. COVERAGE REQUESTED</b>
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1. Limit of Liability: Each Wrongful Act: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
2. Deductible: \$ \_\_\_\_\_
3. Line of Duty Death Coverage: .....  Yes  No

<b>B. GENERAL RISK CHARACTERISTICS</b>
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1. Type of Organization:
 

<input type="checkbox"/> For Profit	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Political Subdivision
<input type="checkbox"/> Municipally Owned	<input type="checkbox"/> Other (explain): _____	
2. Type of Department:
 

<input type="checkbox"/> Fire Department Only	<input type="checkbox"/> Fire and EMS	<input type="checkbox"/> Ambulance Corps	<input type="checkbox"/> Rescue Squad Only
<input type="checkbox"/> Other (Relief Association): _____			
3. Service Information:
  - a. Years in Operation: \_\_\_\_\_
  - b. Population Served: \_\_\_\_\_
  - c. Area Served (square miles): \_\_\_\_\_
4. Personnel:
  - a. Number of volunteers: \_\_\_\_\_
  - b. Number of paid employees: \_\_\_\_\_
  - c. Are all volunteers and paid employees covered by Workers Compensation or Disability Insurance?  Yes  No
5. Operations:
  - a. (1) Do you do your own dispatching? .....  Yes  No
  - (2) Do you dispatch for others? .....  Yes  No

- b. (1) Do you have any mutual aid agreements?.....  Yes  No
- (2) Has legal counsel reviewed and approved these agreements?.....  Yes  No
- If no, please explain: \_\_\_\_\_
- c. (1) Do any fire marshals in your department carry guns or other weapons? .....  Yes  No
- If yes:
  - (a) Do these fire marshals receive certified firearms training?.....  Yes  No
  - (b) Who provides the firearms training? \_\_\_\_\_
- (2) Do any fire marshals in your department have arrest authority? .....  Yes  No
- d. Do you have an organized hazardous materials emergency response unit as part of your organization?.....  Yes  No
- (1) If yes:
  - (a) Are its responsibilities and limitations clearly documented in writing? .....  Yes  No
  - (b) Confirm the Hazardous Materials Emergency Response Unit is in compliance with all Federal standards. ....  Confirmed  Not Confirmed
- (2) If no, do you have a contract or agreement with another fire department to provide this service for you? .....  Yes  No
- e. (1) Do you conduct any local fire code inspections? .....  Yes  No
- If yes, how many annually? \_\_\_\_\_
- (2) Are you responsible for enforcement of building codes? .....  Yes  No

<b>C.</b>	<b>FIREFIGHTERS PROFESSIONAL LIABILITY</b>
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- 1. Operations:
  - a. Do you maintain records that include the date, time and nature of each emergency response, including the names and addresses of all persons who assisted?.....  Yes  No
  - b. Do you perform any pre-emergency incident planning surveys?.....  Yes  No
  - If yes, please describe: \_\_\_\_\_
  - c. Do you service only subscribers who pay a fee?.....  Yes  No
  - d. Are there any unusually hazardous occupancies located in your territory? .....  Yes  No
  - If yes, please describe: \_\_\_\_\_
  - e. Are there any nuclear power plants within your territory boundaries?.....  Yes  No
  - f. Are there any buildings over five (5) stories within your territory boundaries?.....  Yes  No
  - If yes, describe additional training and equipment to service buildings over five (5) stories: \_\_\_\_\_
- 2. Policies and Procedures Manual:
  - a. Confirm that your standard operating procedures manual contains formal written procedures for:
    - (1) Response planning?.....  Confirmed  Not Confirmed
    - (2) Protective gear? .....  Confirmed  Not Confirmed
    - (3) Risk assessment? .....  Confirmed  Not Confirmed
    - (4) Hazardous materials/decontamination? .....  Confirmed  Not Confirmed
    - (5) Safety? .....  Confirmed  Not Confirmed
    - (6) Drug or alcohol policy? .....  Confirmed  Not Confirmed
  - b. Is the manual reviewed annually by legal counsel? .....  Yes  No
  - c. Is the manual distributed to and reviewed with all personnel as part of training? .....  Yes  No
  - d. When was the manual last updated? \_\_\_\_\_

3. Training:

a. Confirm that all paid professional and volunteer firefighters are in compliance with state certification training requirements.

(1) Paid professional firefighters? .....  Confirmed  Not Confirmed

(2) Volunteer firefighters? .....  Confirmed  Not Confirmed

(3) If not confirmed, please explain: \_\_\_\_\_

b. What is the number of firefighters: Certified? \_\_\_\_\_ Other? \_\_\_\_\_

c. Is there a formal training program for volunteers? .....  Yes  No

If no, please explain: \_\_\_\_\_

d. Do all firefighters receive state mandated training prior to being assigned to active duty? .....  Yes  No

e. Confirm that all paid professional and volunteer firefighters are in full and constant compliance with state mandated continuing education regulations.

(1) Paid professional firefighters? .....  Confirmed  Not Confirmed

(2) Volunteer firefighters? .....  Confirmed  Not Confirmed

(3) If not confirmed, please explain: \_\_\_\_\_

f. Is a training record kept for all firefighters? .....  Yes  No

g. Is psychological testing required before hiring? .....  Yes  No

4. Have you ever been involved in a dispute, which could lead to a claim, involving improper response or failure to fight a fire? .....  Yes  No

5. Has there been continuous claims made coverage for the past five (5) years? .....  Yes  No

If no, please explain: \_\_\_\_\_