

**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

1-800-423-7675

## Public Entity Application Firefighters Professional Liability Section

Please attach a separate page for answers requiring explanations.

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

**A. COVERAGE REQUESTED**

1. Limit of Liability: Each Wrongful Act: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
2. Deductible: \$ \_\_\_\_\_
3. Line of Duty Death Coverage: .....  Yes  No

**B. GENERAL RISK CHARACTERISTICS**

1. Type of Organization:
  - For Profit                       Not for Profit                       Political Subdivision
  - Municipally Owned                       Other (explain): \_\_\_\_\_
2. Type of Department:
  - Fire Department Only                       Fire and EMS                       Ambulance Corps                       Rescue Squad Only
  - 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

**C. FIREFIGHTERS PROFESSIONAL LIABILITY**

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: \_\_\_\_\_