

**SELECTIVE INSURANCE
EMERGENCY SERVICES PROGRAM
QUESTIONNAIRE**

Abuse and Molestation Questionnaire AM 0032 must be completed separately with this questionnaire for coverage consideration.

Please provide the following with your submission:

- Completed ACORD forms
- Five years hard copy loss runs (if you presently control the account, loss information from your database is adequate)
- Drivers list

GENERAL INFORMATION

1. Organization's full name: _____
(Include all legal entities/groups that are to be Named Insureds)

2. Contact Person: _____
Phone: _____ Fax: _____

3. Public website: _____

4. Organizations email address: _____

5. Is your organization:

For Profit ☐ Yes ☐ No

Not-for-profit 501(c)(3) organization ☐ Yes ☐ No

Municipality owned ☐ Yes ☐ No

Tax district ☐ Yes ☐ No

Other ☐ Yes ☐ No

Please explain: _____

6. Indicate the type of department:

☐ Fire department/district

☐ Fire department/district with ambulance

☐ Ambulance corps

☐ First responder

☐ Rescue squad

☐ Relief association

☐ County or state association

☐ Search and rescue team

☐ Other (describe): _____

7. Are you a Board of Commissioners? ☐ Yes ☐ No

If yes, number of commissioners/trustees: _____

Elected? ☐ Yes ☐ No Appointed? ☐ Yes ☐ No

8. How many active volunteer members do you have? _____

9. How many paid members/employees do you have? _____ Full Time _____ Part Time

10. What is your total annual operating budget: \$ _____

11. Describe your source(s) of funding? _____

12. Are all volunteers covered by Workers Compensation? ☐ Yes ☐ No

13. Are all paid employees covered by Workers' Compensation? ☐ Yes ☐ No

YOUR EMERGENCY SERVICE OPERATIONS

1. Total population served on a first-call basis: _____

2. Provide the annual number of calls for each: _____ Fire/Rescue (Non-medical)
_____ Emergency (Medical)
_____ Non-emergency transport

3. Do you have a plan or provision to ensure adequate staffing on a 24-hour basis? ☐ Yes ☐ No

4. Do you have any specialty teams such as Search and Rescue, Confined Space Rescue, Dive Team, Water Rescue, HazMat, etc? ☐ Yes ☐ No

If yes, please list: _____

5. Do you participate in contractual arrangements such as mutual aid or shared services? ☐ Yes ☐ No

If yes, please explain and attach a copy of each such agreement. _____

6. Please provide the square footage of each area of building: Garage area _____
Bar/Club area _____
Bunk area _____
Social Hall area _____
Tenant area _____

Describe tenant(s) operations: _____

7. Are all department vehicles and portable emergency equipment purchased, owned and insured by your department? ☐ Yes ☐ No

If not, please explain who funds the purchase and insurance coverage for these items:

In what name are your vehicles registered, if not the organization's name? _____

8. Do you own any watercraft? ☐ Yes ☐ No
If yes, provide year, manufacturer, model, length, horsepower and motor type: _____

Note that boats in excess of 100HP and 30 feet in length must be scheduled
9. Do you designate which members can drive emergency vehicles? ☐ Yes ☐ No
If yes, please describe your selection criteria: _____

10. Do you check driving records prior to membership/employment? ☐ Yes ☐ No
11. Are all emergency vehicle operators given special training? ☐ Yes ☐ No
If yes, please describe: _____

12. What is the department's policy as to entering intersections against red lights, stop lights or yield signs?

13. Valuation of emergency vehicles: _____ Value Guard **or** _____ Actual Cash Value
14. Are pre-employment and periodic physical examinations required? ☐ Yes ☐ No
15. Are oxygen cylinders stored and properly secured? ☐ Yes ☐ No
16. Do you fill/refill breathing air bottles for others? ☐ Yes ☐ No
- INSURED:** _____

EMERGENCY MEDICAL/AMBULANCE INFORMATION

1. Please indicate the level of your Ambulance/Rescue service's provided:
☐ Advanced Life Support
☐ Basic Life Support
☐ Other, please explain: _____
2. Volunteer/Employee breakdown:
- | | Number of Volunteers | Number of Employees |
|-------------|----------------------|---------------------|
| EMT's | _____ | _____ |
| Paramedics | _____ | _____ |
| Other _____ | _____ | _____ |
3. Does the organization utilize a licensed physician as a Medical/EMS Director? ☐ Yes ☐ No
4. Do you sponsor a Junior Firefighter program? ☐ Yes ☐ No
If yes, please attach your policies and procedures.

SOCIAL OPERATIONS – FUND RAISING

1. Is there any cooking on premises? ☐ Yes ☐ No
If yes, any grills or deep fryers? ☐ Yes ☐ No
2. Is there a hood and duct system over all cooking appliances? ☐ Yes ☐ No
3. Is there an automatic extinguishing system protecting the cooking equipment? ☐ Yes ☐ No
If yes, is the extinguishing agent:
☐ Dry powder ☐ Wet chemical ☐ UL300 approved wet chemical
4. If there is a hall, is it rented out to others? ☐ Yes ☐ No
If yes, are written contracts including hold-harmless agreements used for hall rentals? ☐ Yes ☐ No
5. Are Certificates of Insurance obtained from anyone renting or using the hall? ☐ Yes ☐ No
6. Do you own any sport fields, parks, playgrounds or vacant land? ☐ Yes ☐ No
If yes, please describe: _____

What fund raising/special events do you hold?

- ☐ Bingo games? How frequently: _____ Average attendance: _____
Average receipts: \$ _____
- ☐ Carnivals? How frequently: _____ Average attendance: _____
Average receipts: \$ _____
- ☐ Fireworks displays? How frequently: _____
Detonated by the insured's volunteers/employees ☐ Yes ☐ No
Detonated by an independent contractor ☐ Yes ☐ No

Other, please describe all other fund raising/special events you hold: _____

7. Does the carnival amusement ride contractor and/or fireworks contractor:
- a. Provide you with a Certificate of Insurance listing your organization as an "Additional Insured" on their general liability policy? ☐ Yes ☐ No
- b. Provide you with a written contract that includes a hold-harmless and indemnification agreement in your favor? ☐ Yes ☐ No
8. Do you sponsor any sports teams or leagues? ☐ Yes ☐ No
If yes, please describe: _____

LIQUOR LIABILITY INFORMATION

1. Do you allow consumption of alcoholic beverages on your premises or at sponsored events away from your premises? ☐ Yes ☐ No
If yes, please explain: _____

2. Do you hold fund raising events where liquor is sold, served or dispensed? ☐ Yes ☐ No
3. Total annual liquor receipts: \$ _____ (from all sources – both on and off premises)
4. Do you have a liquor license? ☐ Yes ☐ No
5. Has your liquor license ever been suspended or revoked? ☐ Yes ☐ No
6. Have you ever had any liquor violations or citations? ☐ Yes ☐ No
7. Do you require temporary licenses for special events? ☐ Yes ☐ No
If yes, do you secure them? ☐ Yes ☐ No
8. Do you permit anyone other than your bartenders to serve alcohol? ☐ Yes ☐ No
If yes, please explain: _____

9. Are there written procedures or formal training of members to avoid selling liquor to minors or intoxicated people? ☐ Yes ☐ No
If yes, please attach written procedures and describe formal ID/AGE identification and drink cut off training program (TIPS, TAMS, etc.): _____

Abuse and Molestation:

Abuse or Molestation coverage requested? ☐ Yes ☐ No
If yes, abuse or molestation coverage is available for an additional premium.
Please complete AM 00 32 if this coverage is requested.

NOTE: Complete the following section only if Volunteer Emergency Services coverage is wanted.

VOLUNTEER EMERGENCY SERVICES MANAGEMENT LIABILITY COVERAGE

COVERAGE/TERMS

1. Limits requested (Each Loss/Aggregate):

- | | | |
|--|--|---|
| <input type="checkbox"/> \$300,000/300,000 | <input type="checkbox"/> \$500,000/500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$1,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$5,000,000 | <input type="checkbox"/> \$1,000,000/\$6,000,000 | <input type="checkbox"/> \$1,000,000/\$7,000,000 |
| <input type="checkbox"/> \$1,000,000/\$8,000,000 | <input type="checkbox"/> \$1,000,000/\$9,000,000 | <input type="checkbox"/> \$1,000,000/\$10,000,000 |

2. Retroactive Date: ____/____/____ (will be the first date that Selective provides coverage unless indicated).

3. Is Prior Acts coverage desired? ☐ Yes ☐ No

If yes, Prior Carrier Information section on Page 9 must be completed.

OPERATIONAL INFORMATION

1. Please describe the type and source of Training Program(s) used: _____

2. Are all members required to meet applicable state standards? ☐ Yes ☐ No

If no, please explain: _____

3. Are you sanctioned to operate by the municipalities you serve? ☐ Yes ☐ No

4. Do you perform Fire Code Inspections? ☐ Yes ☐ No

5. Are your Directors and Officers responsible for collection and/or disbursement of funds bonded? ☐ Yes ☐ No

If yes, for what amount? \$ _____

EMPLOYEE INFORMATION

1. General Employee Count:

Type of Employee*	Count in Current Year	Count in Prior Year
Full Time Employees	_____	_____
Part Time Employees	_____	_____
Seasonal Employees	_____	_____
Volunteers	_____	_____

* Elected and appointed that receive remuneration, must be included in count.

2. Breakdown of current year full time employees by salary:

Salary Ranges per Year	Number of Employees
\$30,000 or less	_____
\$30,001 to \$100,000	_____
Over \$100,000	_____

3. Do you use an employment application during your hiring process? ☐ Yes ☐ No

If yes, please attach.

If yes, does it contain:

An at will statement? ☐ Yes ☐ No

Authorization to check references and criminal conviction records? ☐ Yes ☐ No

The applicant's signature attesting that all representatives are true? ☐ Yes ☐ No

An equal employment opportunity statement? ☐ Yes ☐ No

Do you perform background and criminal checks on new hires? ☐ Yes ☐ No

Do you check references from new hires? ☐ Yes ☐ No

4. Total number of:	Current Year	Prior Year
Employee Terminations	_____	_____
Employee Terminations Who Left Voluntarily	_____	_____

5. Total number of EEOC complaints and/or State Human Rights Commission claims or complaints in the past year: _____

If any, provide detailed narrative: _____

6. Do you have a risk manager on staff? ☐ Yes ☐ No

7. Who is responsible for the Human Resources or Personnel functions? ☐ Yes ☐ No

Title: _____

Is this person trained in employment practices? ☐ Yes ☐ No

8. Who is designated to handle all employment-related incidents? ☐ Yes ☐ No

Title: _____

Is this person trained in employment practices? ☐ Yes ☐ No

9. Do you require all employment terminations be reviewed by the person listed in No. 7. and No.8. above prior to the termination? ☐ Yes ☐ No

If no, why: _____

10. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? ☐ Yes ☐ No

11. Do you have an employee handbook or manual? ☐ Yes ☐ No

Does every employee receive a copy? ☐ Yes ☐ No

Do you obtain written acknowledgement that employees have received the handbook? ☐ Yes ☐ No

12. Date of manual: _____ Date of last revision/update: _____

13. Was the manual reviewed by an attorney prior to implementation? ☐ Yes ☐ No

14. Is the manual periodically reviewed and updated by an attorney? ☐ Yes ☐ No

15. Does the written manual apply to all departments? ☐ Yes ☐ No

If no, which departments have their own manual? _____

16. Is the manual distributed to all personnel? ☐ Yes ☐ No

17. Is the manual reviewed with personnel as part of their employee orientation? ☐ Yes ☐ No

18. Does the manual include policies and procedures on the following:

	Yes	No	In writing?
Hiring			
Termination			
Background Checks			
Suspension			
Sexual Harassment			
Family Medical Leave Act			
Grievance Procedure			
American with Disabilities Act			
Discrimination			
Pre-Termination Hearings			

CLAIMS EXPERIENCE

1. Has any claim been made in the past five years or is now pending against any person in their capacity as an employee of the insured, including EEOC or other similar administrative hearings? ☐ Yes ☐ No

2. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? ☐ Yes ☐ No

3. Have there been any sexual harassment, EEOC, human rights or civil rights claims in the past five years? ☐ Yes ☐ No

If yes to any of the above questions, please explain in a separate form or include them in **SECTION VIII**.

CLAIMS INFORMATION

1. Give details of all claims made during the past 5 years.

Date of Loss	Date of Claim	Payment/Reserve	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Are any claims currently open or pending?

☐ Yes ☐ No

If yes, please explain: _____

3. Does any insured know of any wrongful act, error, omission or breach of duty which may result in a claim?

☐ Yes ☐ No

If yes, please explain: _____

Prior Carrier Information (list all carriers for the last 3 years)

Year	Company	Limits	Occurrence or Claims Made	Premium	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EEO & EO PRACTICES/PROCEEDINGS

1. Do you have non-discriminatory hiring practices that prohibit exclusion based on race, color, religion, sex, sexual orientation, national origin, disability, or age?

☐ Yes ☐ No

2. If a membership organization, do you have a non-discriminatory membership policy that prohibits exclusion based on race, color, religion, sex, sexual orientation, national origin, disability, or age?

☐ Yes ☐ No

3. Has the company been involved in or experienced during the past three years, or are there now pending, any proceedings before:

a. The Equal Employment Opportunity Commission

☐ Yes ☐ No

b. The State Human Rights Commission/Department

☐ Yes ☐ No

c. The State Ethics Commission; or

☐ Yes ☐ No

d. Similar administrative, regulatory; compliance-office?

☐ Yes ☐ No

If 'Yes' to any of the above please provide detail.

4. Has any adverse judgment or settlement been brought against the insured organization whereby part of the settlement included employee and/or management sensitivity training, diversity training, sexual harassment training and/or discrimination training in the past three years? ☐ Yes ☐ No

If 'Yes' to the above please provide detail.

5. Do you allow employees to carry weapons on premises or the jobsite? ☐ Yes ☐ No

Insured's Signature

Date

Title and Position