



**FIRE DEPARTMENT / EMS  
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
-------------	------

Paid Fire Department to be included in quote?  Yes  No

Volunteer Fire Department to be included in quote?  Yes  No

1. Fire Department Personnel  Regular # \_\_\_\_\_  Volunteer # \_\_\_\_\_

A. Are mutual aid agreements in place with neighboring communities?  Yes  No

B. SOP requires personnel to report to station for emergency responses?  Yes  No

C. SOP requires operation of vehicles with due regard through intersections?  Yes  No

D. Are Volunteers permitted to respond in personal vehicles to emergency scenes?  Yes  No

2. EMTs/Paramedics/EMTAs:  Paid # \_\_\_\_\_  Volunteer # \_\_\_\_\_

3. Are high activity intersection Traffic Signals equipped with Emergency Vehicle Preemption and Transit Signal priority system (Opticom or similar)?  Yes  No

4. Fire/EMS Dispatch:

A. Does your department handle its own dispatch?  Yes  No

If no, who handles dispatch? \_\_\_\_\_

B. Are incoming calls to dispatch recorded?  Yes  No

C. How long are tapes retained? \_\_\_\_\_

D. Are training/certification procedures in place?  Yes  No

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
-----------------------	------