



EMT/FIRE DEPARTMENT/PARAMEDICS SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured _____ Proposed Effective Date _____

EMPLOYEES / VOLUNTEERS - FIREFIGHTERS & EMT

| Position Held | No. in Position | Position Held | No. in Position | Total no. hours worked for ALL part-time or volunteers in an average week |
|--|-----------------|--|-----------------|---|
| 1. Full-time Firefighters including First Response not EMT certified | | Part-time or volunteer Firefighters including part-time First Response not EMT certified | | |
| 2. Full-time Firefighter w/EMT certification | | Part-time or volunteer - Firefighters w/EMT certification | | |
| 3. Full-time EMT Only | | Part-time or volunteer EMT only | | |

- 4. Are mutual aid agreements in place with neighboring communities? Yes No
- 5. Is the Entity responsible for transporting injured persons? Yes No
- 6. Are all volunteers fully trained and certified according to minimum state requirements? Yes No
- 7. Is a substance abuse testing program in place, including volunteers? Yes No

PROCEDURES

- 8. Does the fire department have an established policies and procedures manual? Yes No
If yes, is disciplinary action taken when these procedures are violated? Yes No
- 9. Does the medical response team have established policies and procedures manual? Yes No
If yes, is disciplinary action taken when these procedures are violated? Yes No
- 10. Are EMTs/Paramedics in contact with the hospital/doctors at all times when responding to a call? Yes No NA
- 11. Are response times monitored and problems investigated? Yes No
- 12. a. Are written records kept of all calls, with a description of treatment and patient delivery to hospital for medical response? Yes No NA
b. How long are the records kept?

PREVIOUS LOSSES/CLAIMS

- 13. Have you or any of your EMTs been sued for medical malpractice or have any claims been made against you? Yes No
If yes, explain (include amount paid/reserved):

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

Signature _____ Date _____



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