Insurance Inc - Denton Office 112 Market Street Denton,, MD 21629 Phone: 410-479-5244 Fax: 410-479-5268

OP

Page 1

ACCOUNT NO.

APPAL-1

DH

SECOND REQUEST

10/01/2010

POUICY#

POLICY INFORMATION

VFIS-TR-2050521-03

EXPIRATION

**PCKG** 

02/01/2010 02/01/2011

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. 104 West Marshall Street Falls Church, VA 22046

Received 10 gw

Alan

### Re: Renewal Questionnaire

Please complete the enclosed Renewal Questionnaire and return same to our office. If you have any questions, please call.

Diana LaClair



Customer: C26053 APPALACHIAN SEARCH AND RESCUE CONFERENCE, INC Broker: A09186

**ALBEMARLE** 

VA

Complete and return to VFIS no later than 12/03/2010. All pre-filled information should be verified for accuracy, and all questions not pre-filled should be answered.

Are additional lines of insurance needed to broaden your client's protection? We encourage you to request them by completing the appropriate sections of a VFIS factfinder.

**INSURANCE INCORPORATED** 

112 MARKET STREET DENTON, MD 21629

### Dear VFIS Representative:

The attached renewal questionnaire may include information not requested in prior years. We're asking for your help in reviewing and updating the exposures used to determine renewal premiums. Kindly meet with your client and complete this questionnaire. It will help you to provide professional service to your client while protecting your agency's E&O exposure.

Our goal is to continue to maintain our renewal time standards. In order to continue to meet our standards, it is important that we receive the completed questionnaire at least 60 days before the renewal date.

Thank you for your business. We're proud to be the market of choice for your emergency service clients.

Sincerely,

Troy Markel President, VFIS

Markel



# **General Information**

Insured's Name:

APPALACHIAN SEARCH AND RESCUE CONFERENCE, I

Insured's Mailing Address: 104 WEST MARSHALL STREET

## **FALLS CHURCH, VA 22046**

Contact Name:	Title: (203) 740-6892		# Full-Time Employees1: # Part-Time Employees 2: # Active Volunteers 3:			
Phone:						410
Web Site: Federal I.D. #: 541827381			# Publicly Elected			
		Trustees/Commissioners/Directors:				
Type of Organiza	ation:	Fire Department Fire Department w/Ambul Ambulance Corps Rescue Squad (no ambul First Responder Hospital EMS		911 Emerga Training Sc	te Associati escue Tear ency Dispat hool	n
		Other (describe):		J HazMat Te	am	
Number of Respons	ses pe	on a first call basis: r Year: n-medical runs.				2,000
Emergency medical trea	medic atment	al or first responder medical run at the scene of an emergency	ns. Include nu or while in tra	umber of runs ansport (or bot	involving h).	
Non-emerge	ency tra	ansports.				
Are all volunteers co	vered	by Workers' Compensation?		<b>⊙</b> Yes	ONo	O <sup>N/A</sup>
Are all paid employe	es cov	vered by Workers' Compensation	on?	OYes	ONo	<b>O</b> N/A
If no to either of the above, is there an Accident & Sickne force with primary medical benefits of at least \$10,000?			s policy in	OYes	ONo	

Coverage	Status	Eff. Date	Exp. Date	<b>Policy Number</b>
Property	Not Covered			
General Liability	In-Force	02/01/2010	02/01/2011	VFISTR205052103-0002
Fidelity Bond	In-Force	02/01/2010	02/01/2011	VFISTR205052103-0002
Automobile	In-Force	02/01/2010	02/01/2011	VFISCM105034403-0001
Portable Equipment	Not Covered			
Management Liability	In-Force	02/01/2010	02/01/2011	VFISTR205052103-0002
Umbrella	Not Covered			

A full-time employee is one who is regularly scheduled to work 35 or more hours a week. These hours may be in a set rotation or in varying shifts from week to week.
 A part-time employee is one who on average works less than 35 hours a week, or has no set number of hours a week, or receives an hourly rate per call.
 A volunteer performs services without expectation of any compensation.



# **General Liability**

Coverage	N	L	imits	
Each Occurrence or Medica	al Incident Limit:		\$300, \$500, \$1,000,	000
General Aggregate Limit:		\$2	,000,000	
Medical Expense Limit:			\$5,0 \$10,0	000
Optional Extensions of Co				
Employer's (Stop Gap) Liab If yes, provide curre		O Yes	No	
Pollution Liability - Above G If yes, provide numb		O Yes	O No	
What fundraising or other sp Indicate all that apply:	pecial events will the insured be involved in duri	ng the renewa	Il term?	
O Carnivals or field days with mechanical amusement rides	# of days held annually:			
	Are rides operated by an amusement ride contractor?	O Ye	es O	No
	If yes, does the contractor carry at least \$1 million in liability limits?	O Ye	es O	No
	If yes, does the contractor name this client as an Additional Insured and provide them with a COI?	O Ye	es O	No
O Conventions	# days held annually:			
O Fireworks	# days held annually:			
	Fireworks detonated by:		ualified outside contra oplicant	ctor
	If detonated by outside contractor, does the contractor carry at least \$1 million in liability limits?	O Ye	es O	No
	If yes, does the contractor name this client as an Additional Insured and provide them with a COI?	O Ye	es O	No
O Bingo	# days held annually:			
Motorized events	# days held annually:			
O Hall rentals	# days rented annually:			
	Written agreement signed by renter?	O Ye	es O	No
	COI obtained from renter if other than an individual?	OY	es O	No
	np? O Yes O No If yes, how many? e is desired, please be sure to schedule covera	ge under Por	able Equipment	
Any grandstands or bleache Any vacant land? Other?	rs? Yes No If yes, how many? Yes No If yes, how many acres? Yes No If yes, describe:			



# Property & Casualty Renewal Questionnaire

Do all areas of public assembly have emergency lighting? Do you participate in any sports activities on a league basis?  Yes O No O N/A Yes O No
If yes, do you have an A&S policy with a league sports rider (or similar first-party medical coverage for sports activities)?: O Yes O No
Which of the following best describes the organization's use of alcoholic beverages?
The organization sells alcohol year-round (bar or club)  Total Receipts:  License/Permit required by state: O Yes O No  The organization sells alcohol at special events.  Describe event(s):
Total Receipts:  License/Permit required by state: OYes O No License/Permit obtained: OYes O No  The organization permits alcohol on the premises or at sponsored functions, but does not sell it.  The organization provides bartenders to serve alcohol provided by others at functions.  The organization prohibits alcohol on the premises and at sponsored functions.
O Yes O No Emergency medical services provided?
If Yes, please provide the following Professional Health Care Liability questions:
Level of state certification/licensing:  Not state certified/licensed First responder Basic life support Advanced life support
If 'not state certified/licensed', or 'first responder' was checked above, describe the highest level of service provided:  Non-medical Only Basic Life Support Advanced Life Support
Applicable only to stand-alone 911 dispatch centers:  Does the insured provide pre-arrival medical instructions to callers?  Estimate the number of annual dispatches made:

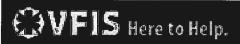


**Fidelity Bond** 

Commerciai Blanket

**Covered Entity**APPALACHIAN SEARCH AND RESCUE

Limit \$25,000



# **Automobile**

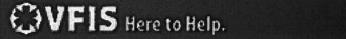
Coverage			15			Limits
Combined Single Limit for	Bodily Injury & Property Da	amage:			000	\$300,000 \$500,000 \$1,000,000
Auto Liability Symbol						10, 09
"No Fault" or Statutory Per	sonal Injury Protection:				0 N	Included ot Included
Auto Medical Payments:						
Uninsured Motorists/Unde	rinsured Motorists:					
Are there any Garage Liab vehicles of others)?	ility or Garagekeeper's exp	osures (for ex	ample, rep	airing the	O Ye	s O No
	Schedu	le of Vehicl	es			
Vehicle Year / Make / Body No.	VIN	PE	ACV	Agreed Value	Comp. Ded.	Coll. Ded.



# **Management Liability**

Coverage	Limits	
Each Offense or Wrongful Act:	\$500,000	
Annual Aggregate:	\$1,000,000	
Coverage is to be renewed on a:		
Claims Made Occurrence	e Basis Basis	

Note: If switching from Claims Made to Occurrence, contact VFIS Underwriting to determine the cost of the Supplemental Extended Reporting Period endorsement.



Property & Casualty Renewal Questionnaire

# Account Information Installment plan: Annual Premium Payment 2-pay (\$2,500 P&C account minimum) 4-pay (\$3,500 P&C account minimum) 10-pay (\$10,000 P&C account minimum) Other general comments, information, changes, etc::



# **General Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

# Virginia Fraud Warning

It is a crime to knowingly provide false, incomp	lete or misleading information to an insurance company
	nalties include imprisonment, fines, and denial of
insurance benefits.	

This document is provided to assist in the review and updating of your insurance exposures. It must not be construed as a coverage document. Actual coverage is provided only by the policy.

<b>Please sign and date below.</b> By signing, you ago is true and accurate to the best of your knowledge.	ree that the information contained in this renewal questionnaire
Signature:	Date: