

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

SECOND REQUEST

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ACCOUNT NO.	OP	DATE
APPAL-1	DH	10/01/2010
POLICY INFORMATION		
POLICY #		
VFIS-TR-2050521-03		
TYPE	EFFECTIVE	EXPIRATION
PCKG	02/01/2010	02/01/2011

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

*Received
11/22/10
SW*

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

Monday, November 22, 2010

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: **STEVE WEISS, CHAIRMAN**
 Title: _____
 Phone: **(203) 740-6892**
 Web Site: _____
 Federal I.D. #: **541827381**

Full-Time Employees 1: _____
 # Part-Time Employees 2: _____
 # Active Volunteers 3: **410**
 # Publicly Elected _____
 Trustees/Commissioners/Directors: _____

- Type of Organization:
- Fire Department
 - Fire Department w/Ambulance
 - Ambulance Corps
 - Rescue Squad (no ambulances)*
 - First Responder
 - Hospital EMS
 - Other (describe): _____
 - Relief Association
 - County/State Association
 - Search & Rescue Team
 - 911 Emergency Dispatch
 - Training School
 - HazMat Team

*If the insured has ambulances they should be classified as an Ambulance Corps even though their entity name may include 'Rescue Squad'.

Population of area served on a first call basis: _____ **2,000**
 Number of Responses per Year: _____

Fire and other non-medical runs. _____ **35**

Emergency medical or first responder medical runs. Include number of runs involving medical treatment at the scene of an emergency or while in transport (or both). _____

Non-emergency transports. _____

Are all volunteers covered by Workers' Compensation? Yes No N/A

Are all paid employees covered by Workers' Compensation? Yes No N/A

If no to either of the above, is there an Accident & Sickness policy in force with primary medical benefits of at least \$10,000? Yes No

1 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.
 2 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.
 3 A volunteer performs services without expectation of any compensation.

Coverage	Status	Eff. Date	Exp. Date	Policy Number
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			

General Liability

Coverage

Limits

Each Occurrence or Medical Incident Limit: \$300,000
 \$500,000
 \$1,000,000

General Aggregate Limit: **\$2,000,000**

Medical Expense Limit: \$5,000
 \$10,000

Optional Extensions of Coverage

Employer's (Stop Gap) Liability: Yes No
 If yes, provide current payroll:

Pollution Liability - Above Ground Storage Tanks: Yes No
 If yes, provide number of tanks:

What fundraising or other special events will the insured be involved in during the renewal term?
 Indicate all that apply:

Carnivals or field days with mechanical amusement rides # of days held annually:

Are rides operated by an amusement ride contractor? Yes No

If yes, does the contractor carry at least \$1 million in liability limits? Yes No

If yes, does the contractor name this client as an Additional Insured and provide them with a COI? Yes No

Conventions # days held annually:

Fireworks # days held annually:

Fireworks detonated by: Qualified outside contractor
 Applicant

If detonated by outside contractor, does the contractor carry at least \$1 million in liability limits? Yes No

If yes, does the contractor name this client as an Additional Insured and provide them with a COI? Yes No

Bingo # days held annually:

Motorized events # days held annually:

Hall rentals # days rented annually:

Written agreement signed by renter? Yes No

COI obtained from renter if other than an individual? Yes No

Any boats greater than 100hp? Yes No If yes, how many?
 If physical damage is desired, please be sure to schedule coverage under Portable Equipment

Any grandstands or bleachers? Yes No If yes, how many?
 Any vacant land? Yes No If yes, how many acres?
 Other? Yes No If yes, describe:

Do all areas of public assembly have emergency lighting? Yes No N/A
Do you participate in any sports activities on a league basis? Yes No

If yes, do you have an A&S policy with a league sports rider (or similar first-party medical coverage for sports activities)?: Yes 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: Yes No License/Permit obtained: Yes No

The organization sells alcohol at special events.
Describe event(s):

Total Receipts:
License/Permit required by state: Yes No License/Permit obtained: Yes 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.

Yes 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? Yes No
Estimate the number of annual dispatches made:

Fidelity Bond

Commercial Blanket

Covered Entity
APPALACHIAN SEARCH AND RESCUE

Limit
\$25,000

Automobile

Coverage

Limits

Combined Single Limit for Bodily Injury & Property Damage:

- \$300,000
- \$500,000
- \$1,000,000

Auto Liability Symbol

"No Fault" or Statutory Personal Injury Protection:

- Included
- Not Included

Auto Medical Payments:

Uninsured Motorists/Underinsured Motorists:

Are there any Garage Liability or Garagekeeper's exposures (for example, repairing the vehicles of others)?

- Yes
- No

Schedule of Vehicles

Vehicle No.	Year / Make / Body	VIN	PE	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
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Management Liability

Coverage	Limits
Each Offense or Wrongful Act:	<input type="text" value="\$500,000"/>
Annual Aggregate:	<input type="text" value="\$1,000,000"/>

Coverage is to be renewed on a:

- Claims Made Basis
- Occurrence Basis

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

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, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties 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.

Please sign and date below. By signing, you agree that the information contained in this renewal questionnaire is true and accurate to the best of your knowledge.

Signature: _____ Date: _____