

Emergency Service Organization  
Property/Casualty  
Insurance Survey



McNeil & Company, Inc.  
P.O. Box 5670  
Cortland, New York 13045  
Phone (800) 822-3747  
Fax: (607) 756-5051

General Information

Date of survey: 12/6/11 Insurance Renewal Date: 2/1/2012  
Legal Name of Organization: APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.  
(please include all organizations that are to be included as insureds)  
ATTACHED  
[SEE LIST OF ADDITIONAL INSURED S] FEIN: 54-1827381  
Mailing Address: PO Box 400440 CHARLOTTESVILLE, VA 22904-4440  
County: \_\_\_\_\_  
Telephone: 304-291-5820 Fax: 304-293-2629  
Contact Name: CARL WERTZ Contact Title: SEARCH MANAGER  
Website Address: WWW.ASRC.NET E-Mail Address: CWERTZ@HSC.WVU.EDU

Business Information

Which best describes the organization (please check one):

- ☐ Fire Suppression only (no EMS)  
☐ Rescue/EMS Squad or Ambulance Squad

☐ Fire and Rescue/EMS

☒ Other (please describe): WILDERNESS SEARCH & RESCUE

The organization is a (please check one):

- ☐ Tax District  
☐ Municipal, Village or Town Department

☒ Independent Non-Profit Organization

☐ Other (please describe): \_\_\_\_\_

If a municipal, village or town department, is the organization a separate legal entity?

☐ Yes N/A ☐ No

Population served on a first-call basis: NONE Years in operation: 34

Insurance Agent Information

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Agency fax: \_\_\_\_\_

Date proposal is needed: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_

Do you currently write this account?

☐ Yes ☐ No

If so, for how long? \_\_\_\_\_

With what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?

☐ Yes ☐ No

If Yes, please indicate Agency Name: \_\_\_\_\_



## Emergency Service Organization Survey

### Real and Personal Property

N/A

Please complete the schedule below. All Property will be covered on a Guaranteed Replacement Cost basis. If the coverage is blanket, be sure to show the individual building and contents values at each location.

Loc. No.	Bldg No.	Address	Building Limit (100% Value)	Contents Limit (100% Value)	No. of Stories	Date Built	Construction type	Sprinkler System?	Burglar Alarm?
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

☐ Please indicate if Blanket Coverage is desired

For additional locations please complete and attach a separate Property Supplement.

Indicate the desired Property Deductible: ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \_\_\_\_\_

Please list names and addresses of any mortgagees or loss payees for each location:

Loc. No.	Type	Name and Address
1.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
2.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
3.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
4.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
5.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

### Excess Flood and Earthquake Coverage

- \$1,000,000 flood and earthquake coverage at each location will be quoted. If flood and earthquake limits exceed \$1,000,000 at any one location, please indicate the limits needed at each such location.

Loc. No.	Flood Limit	Earthquake Limit
1.		
2.		
3.		
4.		
5.		

For additional locations please complete and attach a separate Property Supplement.

- Are any premises located in a Federal Flood Zone *other than* Federal Flood Zones C or X?

If Yes, is the maximum coverage available through the National Flood Insurance Program (NFIP) carried on such locations?

N/A

☐ Yes ☐ No  
☐ Yes ☐ No

## Emergency Service Organization Survey

### Excess Flood and Earthquake Coverage (Continued)

Please indicate amounts of NFIP coverage currently carried at each such location:

Loc. No.	NFIP Coverage
1.	N/A
2.	
3.	
4.	
5.	

### Additional Flood and Earthquake Information

Please describe any flood / earthquake-resistant construction features: \_\_\_\_\_

### General Liability

Current Limits of Liability: \$ 1,000,000 Occurrence  
 \$ 3,000,000 Aggregate

Desired coverage:

Limits of Liability (Occurrence Form Only):  
☐ \$ 500,000 Each Occurrence/\$1,000,000 Aggregate  
☐ \$1,000,000 Each Occurrence/\$2,000,000 Aggregate  
☒ \$1,000,000 Each Occurrence/\$3,000,000 Aggregate  
☐ \$1,000,000 Each Occurrence/\$10,000,000 Aggregate

\* Depending on the type of organization (i.e. Associations, Dispatch Centers, etc.) ESIP may not be able to offer a \$10,000,000 aggregate

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.				
	1	2	3	4	5
Fire Department (including garage areas)					
Ambulance/Rescue Squad (including garage areas)					
Social Hall					
Other (please describe)			N/A		
•					
•					
TOTAL					



## Emergency Service Organization Survey

### Fellow Member Coverage

Does the insured currently carry Employers Liability insurance?

Yes

☒ No

Are all volunteers and paid staff covered by Employers Liability insurance?

☐ Yes

☒ No

If yes, name of Employers Liability carrier: \_\_\_\_\_

If no, are all volunteers and paid staff covered by Accident & Health insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense, and \$200 Weekly Disability Indemnity?

☒ Yes

☐ No

If yes, name of Accident & Health carrier: \_\_\_\_\_

VFIS / NATIONAL UNION FIRE INS. CO. OF PITTSBURGH.

PLEASE QUOTE TO REPLACE (IF POSSIBLE)

### Operations

0 Annual number of fire calls

100 Annual number of Medical or Rescue calls (SEARCH & RESCUE)

~400 Total number of emergency service volunteers

0 Total number of emergency service career personnel

### Emergency Medical Service

Highest level of service provided:

☐

Advanced Life Support

☒

Basic Life Support

☐

First Responder Only

☐

First Aid/CPR Only

☐

None

31

Number of First Responders

39

Number of Basic EMT's

2

Number of Advanced EMT's (defib-trained and above, excluding paramedics)

5

Number of Paramedics

6

Number of Nurses

Does the organization utilize a licensed physician as its Medical/EMS Director?

☒ Yes

☐ No

Does the organization provide medical transport service?

☐ Yes

☒ No

If yes, is the organization the primary medical transport service provider in its service area?

☐ Yes

☒ No

### Contracts

Does the organization hire subcontractors? (i.e. Snow Removal, Landscaping)

☐ Yes

☒ No

If yes, are certificates of insurance obtained from all subcontractors?

☐ Yes

☐ No

Please describe the work performed by all subcontractors and indicate the annual cost for this work:

Work Performed \_\_\_\_\_ Cost \$ \_\_\_\_\_

Work Performed N/A Cost \$ \_\_\_\_\_



## Emergency Service Organization Survey

### Contracts (continued)

Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)?

☐ Yes

☒ No

If yes, please describe: \_\_\_\_\_

Do any of these contracts require that the organization include the other entity as an additional insured?

☐ Yes

☒ No

If yes, please describe: \_\_\_\_\_

### Errors and Omissions / Emergency Service Liability

Type of coverage currently carried:

☐ Occurrence Form

☒ Claims-Made Form (if in New York, see page 14)

If Claims-Made, provide the following information:

Name of carrier:

VFIS

Retroactive date:

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter?

☐ Yes

☒ No

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging negligence in the rendering of or the failure to render professional services?

☐ Yes

☒ No

If yes to either of these questions, please provide a description of the claim or suit including the name of the claimant, the date of the alleged incident, a description of the allegation, and the current status of the claim:

Does the organization and/or any of its members have knowledge of any matter(s) involving employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter which would cause a reasonable person to believe that a claim or suit might result?

☐ Yes

☒ No

Does the organization and/or any of its members have knowledge of any matter(s) involving the rendering of or the failure to render professional services which would cause a reasonable person to believe that a claim or suit might result?

☐ Yes

☒ No

If yes to either of these questions, please provide a description of the matter including the name of the potential claimant, the date of the alleged incident, and its current status:

Does the Company have a written Employment Practices handbook?

PARTIAL

☐ Yes

☐ No

## Emergency Service Organization Survey

### Errors and Omissions / Emergency Service Liability (continued)

Does the company have an Employee Benefits handbook?

☐ Yes ☒ No

Has any claim been made or suit filed against the company and/or its employees in the past five years alleging an error or omission in the administration\* of your benefit programs?

☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result?

☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

### Watercraft/Aircraft

Does the organization own any watercraft more than 26 feet in length?

☐ Yes ☒ No

If yes, please indicate type, length, horsepower, number of seats, type of use, and where used.

\_\_\_\_\_

If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this survey.

Does the organization own any Aircraft?

☐ Yes ☒ No



## Emergency Service Organization Survey

### Other Activities / Community Events

Describe the fund-raising activities of the organization:

		Number of times Per year	Total Annual Receipts
<b>Field Days / Carnivals</b>			
Do you own or rent any Amusement Rides?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	0	
If Rented, is a Certificate of Insurance obtained from the owner of the rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.			
If Owned, Do you rent any mechanically operated Amusement Rides to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
Are rides inspected after set-up prior to public use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
If Yes, by whom?			
Do you own or rent any Live Animal Rides?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	N/A	
If Rented, is a Certificate of Insurance obtained from the owner of the Animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.			
Do you provide Fireworks at the Field Days / Carnival?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
If Yes, is a certified pyrotechnic professional used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
If Yes, please attach Certificate of Insurance showing the individual or organization as an additional insured.			
<b>Hall Rental</b>		0	
<b>Bingo</b>		0	
<b>Breakfasts / Dinners</b>		0-3	
<b>Sale of Smoke Alarms / Fire Extinguishers</b>		0	
<b>Motorized events (e.g. rodeos, musters)</b>		0	
<b>Other Activities Not outlined above:</b> CLASSES IN SAR & CERT		15	

### Liquor

Is alcohol consumed on your premises at any time throughout the year? ☐ Yes ☒ No

Is alcohol consumed away from your premises at any function held by you at any time throughout the year? ☐ Yes ☒ No

(i.e. Christmas Parties, banquets, meeting nights, etc.)

When	Where	Number of Times Per Year	Average Total Number of Attendees

If Yes, who provides the alcohol? N/A

Who serves the alcohol? N/A

Please describe procedures in place to manage and monitor consumption: N/A

If alcohol is SOLD in any manner by or through your organization, please complete and attach a Liquor Supplement.

## Emergency Service Organization Survey

### Miscellaneous Liability

Does the organization perform fire code or building code inspections?

☐ Yes ☒ No

State or County Certified?

☐ Yes ☒ N/A ☐ No

Describe the training requirements for code inspection personnel:

N/A

Does the organization sell subscriptions for service?

☐ Yes ☒ No

If yes, does the organization respond to all calls for emergency service within its service area without regard to whether the victim is a subscriber?

☐ Yes ☒ N/A ☐ No

Does the organization have an Auxiliary or similar support group?

☐ Yes ☒ No

If yes, be certain to include the group as an insured on page 1 and include its activities in the answers to this survey.

Does the organization fill compressed air tanks for others?

SCBA ☐ Yes ☒ No  
SCUBA ☐ Yes ☒ No

If yes for either, please describe:

Does the organization have a Junior Firefighter, Cadet, or similar program?

☒ Yes ☐ No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

STARTING AT AGE 14 MEMBERS CAN BE TRAINED AND CERTIFIED FOR  
FIELD SEARCH AND RESCUE SKILLS; YOUTH MEMBERS (<18) MAY  
NOT DRIVE TO/FROM/AT MISSIONS; YOUTH MEMBERS ARE PAIRED  
WITH ADULTS FOR FIELD ACTIVITIES.



## Emergency Service Organization Survey

### Automobile Liability

Indicate the desired coverage below:

\$ 1,000,000 Auto Liability (AGGREGATE)  
\$ 100,000 Medical Payments  
\$ 100,000 PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)  
\$ N/A Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)  
\$ 50,000 Uninsured Motorists/ Underinsured Motorists B.I.  
☐ Stacking ☐ Non-Stacking (if applicable)  
\$ \_\_\_\_\_ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques. Please indicate the desired deductible for these vehicles: ☐ \$500 ☒ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \$ \_\_\_\_\_

Please indicate the desired deductible for all private passenger type vehicles (PPT's):

Comprehensive	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$1000	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$3000	<input type="checkbox"/> Other \$ _____
Collision	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$1000	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$3000	<input type="checkbox"/> Other \$ _____

Is Automatic Increase coverage desired?

☐ Yes ☒ No

If yes, by how much should the Agreed Values be increased each month?

☐ 1/4% ☐ 1/2% ☐ 3/4% ☐ 1%

Does the organization service any major metropolitan areas?

☒ Yes ☐ No

If yes, please describe: SEE ATTACHED RESPONSE TIME MAP

Does the organization check MVR's?

☐ Yes - all members

☐ Yes - drivers only

☒ No

If yes, how often? \_\_\_\_\_

Please describe the driver training program currently being used: VFIS EVOC (OR EQUIVALENT)

REQUIRED TO DRIVE ALL POWERED VEHICLES (CURRENTLY ONLY MARG)

NO REQUIREMENTS TO DRIVE PERSONAL VEHICLES OR TOW TRAILERS,  
What selection criteria are used to select new drivers? \_\_\_\_\_

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey?

☐ Yes

☒ No

If yes, please describe: \_\_\_\_\_

## Emergency Service Organization Survey

### Automobile Liability (continued)

In the below Vehicle Schedule

- show the year, make, model and type of vehicle. If uncertain as to type, select from the table below;
- for private passenger-type autos (PPT's), show the Cost New and the desired deductibles if physical damage coverage is desired;
- for emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey.
- DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).

Vehicle Types							
TKR	(Tanker or Tender)	LR	(Light Rescue-under 10,000 GVW)	PMP	(Pumper)	COM	(Command)
P-T	(Pumper-Tanker)	MR	(Medium Rescue-under 20,000 GVW)	M-P	(Mini-Pumper)	ANT	(Antique)
AER	(Aerial device-any type)	HR	(Heavy Rescue-over 20,000 GVW)	BT	(Brush Truck)	HAZ	(HazMat)
ALS	(Advanced Life Support)	BLS	(Basic Life Support Unit)	TRL	(Trailers)	AIR	(Air Cascade)
U/S	(Utility or Salvage)	PPT	(Private Passenger Type)	FOM	(Chemical Foam)		

Vehicle Schedule							TYPE	Loc. No.
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL		
1.	2006	HAULMARK 1373 6'x12'	\$ 2,450	\$ 2,450	16HCB12176H151325		TRL	RACE
2.	2000	HAULMARK 1373 6'x12'	\$	\$ 1,500	4XRTSE410YN015378		TRL	RACE
3.	2010	TRAILER w/HAUL GATE 6'x14'	\$	\$ 1,095	1A9U51455A1668082		TRL	RACE
4.	2003	HAULMARK TRAILER	\$	\$ 5,000			TRL	DEL MAR VA
5.	2006	CARGOMANE TRAILER	\$	\$ 11,000			TRL	DEL MAR VA
6.	1999	BOAT TRAILER, 14 FOOT LOWE BOAT	\$	\$ 3,550			TRL	DEL MAR VA
7.	1995	FORD, BOX TRUCK COM	\$	\$ 10,000	1F0KE30F45HA99504		COM	MARG
8.	2001	KNIGHTS KARGO TRL	\$	\$ 3,000	1K9TE10151E46297		TRL	MARG
9.	2008	ALUMATRAILER	\$	\$ 5,047	1YGAEE141598049180		TRL	AMRG
10.	2005	TRAKKER TRL	\$	\$ 8,000			TRL	SMRG
11.			\$	\$				
12.			\$	\$				
13.			\$	\$				
14.			\$	\$				
15.			\$	\$				

If there are any additional vehicles, please attach a Vehicle Schedule Supplement.

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy?

☐ Yes

☒ No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_

☐ A.I.

☐ L.P.

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_

☐ A.I.

☐ L.P.

Name & Address \_\_\_\_\_ Vehicle # \_\_\_\_\_

☐ A.I.

☐ L.P.





## Emergency Service Organization Survey

### Portable Equipment

Guaranteed Replacement Cost coverage normally will be provided for all portable equipment used away from the premises for firefighting, emergency medical aid, rescue service, or teaching/training purposes. This equipment will be covered while on premises and while away from the premises, including while in transit, in storage, or in use.

Desired Deductible: ☐ \$250 ☒ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \_\_\_\_\_

### Other Property

Indicate below any scheduled equipment for which replacement cost coverage is desired, e.g. watercraft, ATV's, snowmobiles, bulldozers or farm tractors. (Do not schedule antique autos, trailers or any mobile equipment licensed for highway use—this type of equipment should be included on the vehicle list in the Automobile section of this survey. Also, do not schedule any portable firefighting or EMS/Rescue equipment—this type of equipment is covered on a blanket basis under our Guaranteed Replacement Cost coverage described above.)

Description	Amount of Insurance
14' LOWE BOAT & Motor	\$ 3,000
_____	\$ _____
_____	\$ _____

(DEL MAR VA)

Desired Deductible: ☐ \$250 ☒ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \_\_\_\_\_

### Crime

#### Fidelity

Type of Bond:

☒ Commercial Blanket

Limit of Insurance

Number of Class I Employees/Volunteers (direct contact with funds)

Number of Class II Employees/Volunteers (all others)

\$ 20,000  
4  
430

☐ Position Schedule

Position

Limit of Insurance

☐ Faithful Performance

☐ Forgery or Alterations

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Money and Securities

Note: \$25,000 money and securities coverage is provided under the Property Coverage Extensions. If increased limits are needed only to cover *e a e e n t*, describe below:

N/A

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

### General Crime Information

List all persons managing funds:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____





## Emergency Service Organization Survey

### Crime (continued)

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft?

☐ Yes ☒ No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service).

☒ Yes ☐ No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other?

☒ Yes ☐ No

Largest amount of petty cash kept on hand? \$ NONE - ONLY INCOMING DONATIONS, NO CASH FUND.

During what months are the receipts the largest? JANUARY - FEBRUARY

Is money ever stored in the building overnight?

☐ Yes ☒ No

If yes, amount and how stored: \_\_\_\_\_

All receipts are deposited in a bank within:

☐ 2 days ☒ 1 week ☐ Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"?

☒ Yes ☐ No

Do all checks require 2 signatures?

☐ Yes ☒ No

If No, do checks over a certain amount require 2 signatures?

☐ Yes ☒ No

To whom and how often is there a report of receipts and disbursements? TO BOARD OF DIRECTORS, QUARTERLY

By whom and how often are the accounts examined? BY INCOMING TREASURER

When were the accounts last examined? NOVEMBER, 2010

Fund Raising Events: Approximate maximum receipts per day: \$ \_\_\_\_\_

Are bank deposits made after each day of the event?

☒ Yes ☐ No

Is the depositor accompanied by an armed police officer?

☐ Yes ☒ No

Is the money stored at a member's house?

☐ Yes ☒ No

What is your annual revenue? \$ \$8,000

### Umbrella and Excess Liability

Desired Limit of Insurance (maximum \$10 million):

\$ 2,000,000  
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$100,000 bodily injury by accident/\$100,000 bodily injury by disease/\$500,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. If this information is not provided, Excess Employers Liability coverage will not be included.

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident  
\$ \_\_\_\_\_ Bodily Injury by Disease  
\$ \_\_\_\_\_ Annual Aggregate

e o e r a t e t t o a r o a o t h e n r e r r o n t h e n e r n o e r a e



## Emergency Service Organization Survey

### Premium History

Please indicate the Total Account Premium for the past 3 years.

	<u>LIABILITY</u>	<u>MEDICAL</u>
Carrier: <u>VFIS</u>	\$ <u>3,909</u>	<u>2,191</u>
	(current year)	
Carrier: <u>VFIS</u>	\$ <u>5,620</u>	<u>2,853</u>
	(1 <sup>st</sup> prior year)	
Carrier: <u>VFIS</u>	\$ <u>NOT READY AVAILABLE</u>	
	(2 <sup>nd</sup> prior year)	

### Claims History

Have there been any claims or losses in the last five years?

☐ Yes

☒ No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT

\*Attach separate pages if needed. Provide the carrier loss runs if available.

### Application Signatures & State Fraud Statements

#### APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT

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.

#### APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

#### APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

#### APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

#### APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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 or a denial of insurance benefits.

#### APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.





## Emergency Service Organization Survey

### APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

**Automobile:** 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, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Other Than Automobile:** Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other 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 insurance act, which is a crime, and subjects such person to criminal and civil penalties.

### APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

### APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

### APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

### APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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.

**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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: Charles L. Wertz Date: 1/12/2012

Name and title (please print): CHARLES L. WERTZ JR DO, SEARCH MANAGER.

Insurance Agent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Additional Insured's – The member groups of the Appalachian Search and Rescue Conference

Allegheny Mountain Rescue Group, Inc (AMRG)  
c/o Department of Emergency Medicine  
UPMC Mercy  
1400 Locust St.  
Pittsburgh, PA 15219-5166

Southwest Virginia Rescue Group, Inc.  
(SWVaMRG)  
Blacksburg Volunteer Rescue Squad  
200 Progress Street  
Blacksburg, VA 24060

Ridge Mountain Rescue Group (BRMRG)  
P.O. Box 400440  
Charlottesville, VA 22904Blue

Rapid assistance to Community Emergencies,  
Inc. (RACE)  
P.O. Box 334  
Delaware, OH 43015

DelMarVa Search and Rescue, Inc. (DMVSAR)  
[2321 Hudson Drive](#)  
[Salisbury, MD 21804](#)

Maryland Search and Rescue (MSAR)  
P.O. Box 562  
Columbia, MD 21045-0562

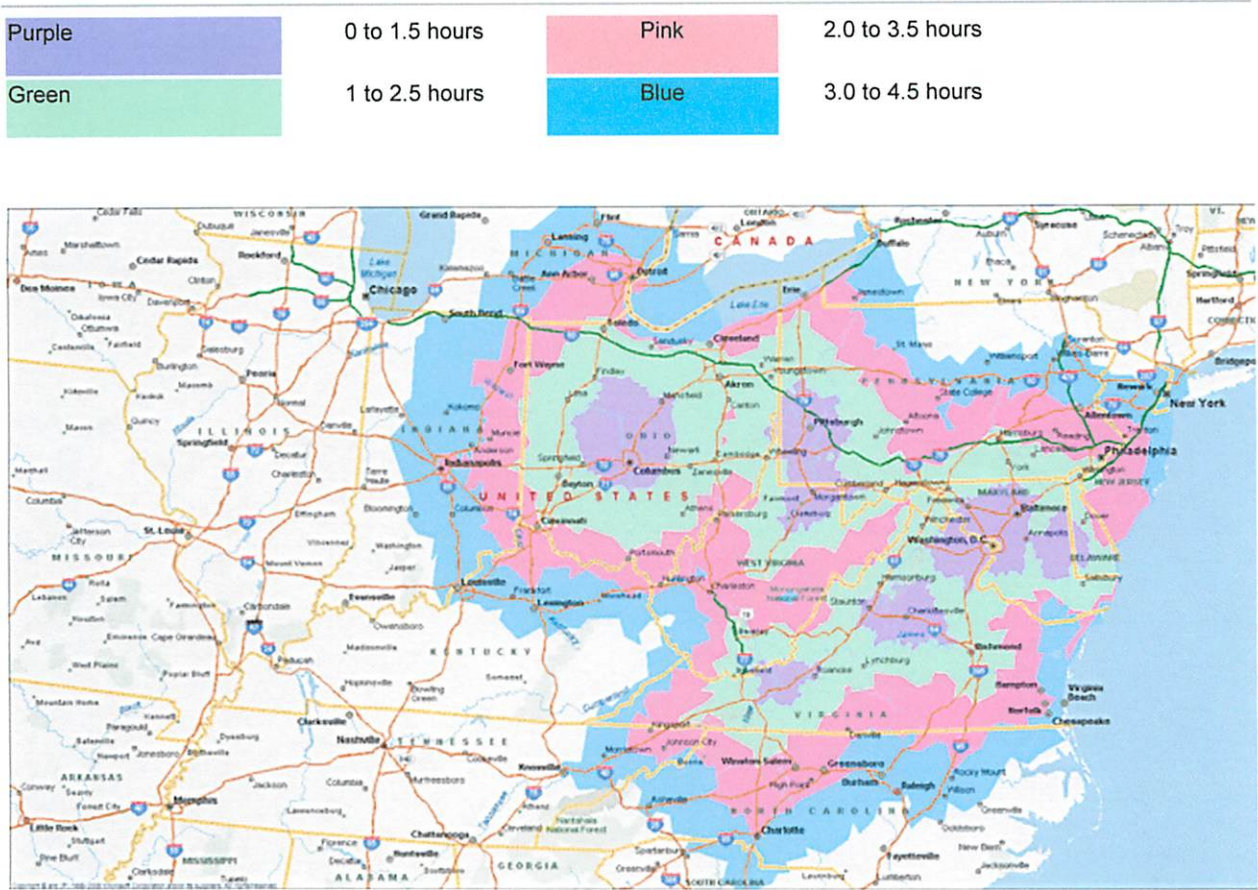
Mountaineer Area Rescue Group, Inc. (MARG)  
PO Box 204  
Kingwood, WV 26537-0204

Potomac Valley Rescue Group, Inc. (PVRG)  
Box 10, Adele H. Stamp Student Union  
University of Maryland  
College Park, MD 20742

Shenandoah Mountain Rescue Group, Inc.  
(SMRG)  
118 Park Street, SE  
Vienna, VA 22180

# Response Area of the ASRC

## ASRC Response Time Map



Additional Insured's – The member groups of the Appalachian Search and Rescue Conference

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