



Emergency Service Organization Blanket Accident & Health Questionnaire



Name of Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Phone: (____) _____
 Contact Person: _____ Position: _____

Underwriting Information:

Renewal Date: _____

Current Insurance Carrier: _____ Population of 1st Response Area: _____
 Current Effective Date: _____ Declaration Pages Enclosed (Y/N): _____
 Current Policy Premium: \$_____ **Workers' Compensation (Y/N):** _____

Fire Department Information:

of Stations: _____ **Haz-Mat Duty (Y/N):** _____
Annual # of Runs: Fire: _____ Rescue: _____ Ambulance: _____
of Vehicles: Fire: _____ Rescue: _____ Ambulance: _____
of Active Members: Volunteer: _____ Career: _____ Part-Time: _____

Check All Applicable Boxes for Credits:

- | | |
|--|---|
| <input type="checkbox"/> Seat Belts in Vehicles | <input type="checkbox"/> CSFA Member - Qualify for Discount |
| <input type="checkbox"/> Annual Physicals | <input type="checkbox"/> NOT a CSFA Member - Send Information |
| <input type="checkbox"/> Preventative Inoculations | <input type="checkbox"/> S.C.B.A.'s for All Active Members |
| <input type="checkbox"/> Physical Fitness Program | <input type="checkbox"/> Turn-Out Gear for Active Members |

Any quote(s) provided from this completed questionnaire is good for 1 (one) year from the date of issue, or until the next scheduled renewal date, whichever comes first.

To receive a quote, please fax or mail this questionnaire to:

Myers-Stevens & Toohey & Company
 26101 Marguerite Parkway ~ Mission Viejo, CA 92692
 Phone 800.827.4695 ~ Fax 949.348.2630

