



Member Argo Group

**FIRE DEPARTMENT / EMS
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
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Paid Fire Department to be included in quote? Yes No

Volunteer Fire Department to be included in quote? Yes No

1. Fire Department Personnel Regular # _____ Volunteer # _____

- A. Are mutual aid agreements in place with neighboring communities? Yes No
- B. SOP requires personnel to report to station for emergency responses? Yes No
- C. SOP requires operation of vehicles with due regard through intersections? Yes No
- D. Are Volunteers permitted to respond in personal vehicles to emergency scenes? Yes No

2. EMTs/Paramedics/EMTAs: Paid # _____ Volunteer # _____

3. Are high activity intersection Traffic Signals equipped with Emergency Vehicle Preemption and Transit Signal priority system (Opticom or similar)? Yes No

4. Fire/EMS Dispatch:

A. Does your department handle its own dispatch? Yes No
If no, who handles dispatch? _____

B. Are incoming calls to dispatch recorded? Yes No

C. How long are tapes retained? _____

D. Are training/certification procedures in place? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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