BRIM FIRE DEPARTMENT/EMT/PARAMEDICS SUPPLEMENT

Name of Insured ______________________________________________________

Effective Dates of Coverage _____________________________________________

EMPLOYEES/VOLUNTEERS/FIREFIGHTERS & EMT’S

<table>
<thead>
<tr>
<th>Enter number of each category</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Volunteers</th>
<th>Avg. no. of hours worked/day/person</th>
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<tbody>
<tr>
<td>Firefighter Only</td>
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<tr>
<td>Firefighter/EMT</td>
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<td>EMT Only</td>
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FIRE DEPARTMENT

1. Describe training/certification procedures:_____________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

2. Approximate number of annual calls: _________________________________________________

3. Total square footage at all fire stations/firehouses: _______________________________________

4. Describe all fund raising activities: _________________________________________________
   ________________________________________________________________________________

5. Are mutual aid agreements in place with neighboring communities?  ____YES  ____NO

EMT/PARAMEDIC

1. Is the providing of medical services more that 50% of the employee/volunteers job?..  _____    _____

2. Is the entity responsible for transporting injured persons?.............................................  _____    _____

3. Is there a specific or separate unit that only handles or responds to calls for emergency medical assistance?......................................................................................................................  ______   _____

*Annual Payroll $_________________

*Vehicle List……..Attach

*Driver List……..Attach