

## BRIM FIRE DEPARTMENT/EMT/PARAMEDICS SUPPLEMENT

Name of Insured \_\_\_\_\_

Effective Dates of Coverage \_\_\_\_\_

### EMPLOYEES/VOLUNTEERS/FIREFIGHTERS & EMT'S

| Enter number of each category | Full Time | Part Time | Volunteers | Avg. no. of hours worked/day/person |
|-------------------------------|-----------|-----------|------------|-------------------------------------|
| Firefighter Only              |           |           |            |                                     |
| Firefighter/EMT               |           |           |            |                                     |
| EMT Only                      |           |           |            |                                     |

### 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

- |   |       |       |
|---|-------|-------|
|   | YES   | NO    |
| 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