



Volunteers Firemen's Errors & Omissions Supplement			
Named Insured			
Number of fire companies comprising entity		Number of members	
Are there any paid members? <i>(if yes, provide number and description of duties below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Number of firefighting units (vehicles) involved	
Is fire department responsible for building inspections <i>(if yes, explain extent of responsibility below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there ever been a claim(s) made or suit(s) filed against the applicant allegation(s) or negligence regarding the discharge of the applicant's professional duties <i>(if yes, explain below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have knowledge of any matter(s) which would cause a reasonable person to infer that a claim(s) or suit(s) might arise <i>(if yes, explain below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant maintain any sort of formal training program for its members <i>(if no, explain below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No