



VOLUNTEER FIREFIGHTER ENHANCED CANCER INSURANCE APPLICATION UNDERWRITTEN BY ARCH INSURANCE COMPANY

P.O. Box 5670 Cortland, NY 13045 Phone: (800) 822-3747 Fax: (607) 756-5051 Email: applications@mcneilandcompany.com

This form is for changes to your current policy. Any new policies need to be entered through our Enhanced Cancer Insurance Application Website. For more information about the Enhanced Cancer Insurance Program, please visit our website.

GENERAL INFORMATION

Date of survey: Effective Date: Date proposal needed:

Legal Name of Organization: (Include all organizations that are to be included as insureds including Fire Districts and Fire Companies)

Mailing Address: FEIN:

County:

Website Address: Phone #:

Chief: Phone # E-Mail:

Training Officer: Phone # E-Mail:

Inspection Contact: Phone # E-Mail:

INSURANCE AGENT INFORMATION

Producer: CSR or Other Contact

Name of Agency:

Address:

Phone # Fax: E-mai:

Do you currently write this account? Yes No

If yes, for how long? Carrier Name?

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name and Address:

BUSINESS INFORMATION

The Volunteer Fire organization is a (please check one): Tax District Independent Non-Profit Organization Municipal, Village or Town Department Other (please describe):

If a municipal, village or town department, is the organization a separate legal entity? Yes No

Population served on a first-call basis: Years in operation:

Have you been Cancelled, Non-Renewed, Declined, or Cancelled in the past 3 years? Yes No

If Yes, Please Explain:

OPERATIONS INFORMATION

Total number of Volunteers, including Junior Members and Auxiliary Members: _____

Total number of Volunteers that have 5 or more years of faithful and actual service as an interior firefighter: _____

Does the organization... (Please check all that apply)

- Have a designated safety officer? Name: _____
- Have a safety committee?
- Require annual physicals for its members?
- Require annual mask fit tests?

Please attach a census for all named Legal Organizations covered by this policy that includes but not limited to Volunteer names, dates of birth, date volunteer service began/ended (if applicable), Volunteer service status, years of interior firefighter service, years of passed Fit Tests and verification of completion of the required Physical Examination.

ENHANCED CANCER BENEFIT PLAN

Required Plan

- Initial Diagnosis Benefits – included
- Monthly Disability Benefit – included
- Death Benefit – included

Upgrade Plan

- Initial Diagnosis Benefits – included
- Monthly Disability Benefit – included
- Death Benefit – included
- Upgrade Cancer Definition – included
- Skin Cancer Benefit - included

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
(current year)

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ **Date:** _____

Name and title (please print): _____

Insurance Broker's Signature _____ **Date:** _____