



# Emergency Service Organization Blanket Accident & Health Questionnaire



Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

## Underwriting Information:

**Renewal Date:** \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Population of 1st Response Area: \_\_\_\_\_  
 Current Effective Date: \_\_\_\_\_ Declaration Pages Enclosed (Y/N): \_\_\_\_\_  
 Current Policy Premium: \$ \_\_\_\_\_ **Workers' Compensation (Y/N):** \_\_\_\_\_

## Fire Department Information:

**# of Stations:** \_\_\_\_\_ **Haz-Mat Duty (Y/N):** \_\_\_\_\_  
**Annual # of Runs:** Fire: \_\_\_\_\_ Rescue: \_\_\_\_\_ Ambulance: \_\_\_\_\_  
**# of Vehicles:** Fire: \_\_\_\_\_ Rescue: \_\_\_\_\_ Ambulance: \_\_\_\_\_  
**# of Active Members:** Volunteer: \_\_\_\_\_ Career: \_\_\_\_\_ Part-Time: \_\_\_\_\_

## Check All Applicable Boxes for Credits:

- |  |   |
|--|---|
| <input type="checkbox"/> Seat Belts in Vehicles    | <input type="checkbox"/> CSFA Member - Qualify for Discount   |
| <input type="checkbox"/> Annual Physicals          | <input type="checkbox"/> NOT a CSFA Member - Send Information |
| <input type="checkbox"/> Preventative Inoculations | <input type="checkbox"/> S.C.B.A.'s for All Active Members    |
| <input type="checkbox"/> Physical Fitness Program  | <input type="checkbox"/> Turn-Out Gear for Active Members     |

Any quote(s) provided from this completed questionnaire is good for 1 (one) year from the date of issue, or until the next scheduled renewal date, whichever comes first.

To receive a quote, please fax or mail this questionnaire to:

Myers-Stevens & Toohey & Company  
 26101 Marguerite Parkway ~ Mission Viejo, CA 92692  
 Phone 800.827.4695 ~ Fax 949.348.2630

