Property/Casualty Renewal Survey

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

General Information

Date of survey: ______________________ Renewal Date: ______________________ Date proposal needed: ______________________

Legal Name of Organization: ____

(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

____ FEIN: ______________________

Mailing Address: ____ 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 ______________________________

Telephone: ______________________ Fax: ______________________ E-mail address: ______________________________

Operations Information

Population served on a first-call basis: ______________________ Annual Revenue: ______________________________

Employees/Volunteers:

Total number of career personnel:

Full Time: ________ Part Time: ________

Total number of emergency service volunteers: ________

Turn-over rate for career personnel: ____________

Does the organization utilize a licensed physician as its Medical/EMS Director? ☐ Yes ☐ No

Do you contract out any of your personnel? (**If yes, please provide a copy of the contract.**) ☐ Yes ☐ No

Emergency Operations: ☐ N/A

Annual Fire/Rescue Calls ______________

Emergency Ambulance Calls ______________ **Emergency – The assignment was dispatched as a true emergency**

Non-Emergency Ambulance Calls ______________ **Non-Emergency – The Assignment was not dispatched as a true emergency**

Non-Emergency Operations: ☐ N/A

Are you involved in:

☐ Community Paramedicine Annual Visits: ____________ Annual Revenue: ______________

☐ Community Health Check-ups Annual Visits: ____________ Annual Revenue: ______________

☐ Wheelchair Transport Annual Calls: ____________ Annual Revenue: ______________

Do you dispatch for other entities? (**If yes, please complete a Dispatch Supplement form.**) ☐ Yes ☐ No

Highest Level of EMS services provided?

☐ Advanced Life Support ☐ Basic Life Support ☐ No EMS

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COMMERCIAL PROPERTY

Please complete the schedule below. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

Loc . No.: | **Address:**

Building Limit: $ | **Personal Prop. Limit: $** | **Occupancy Type:**

Construction Type:
- ☐ Type 1-Frame
- ☐ Type 2-Joisted Masonry
- ☐ Type 3-Non-combustible
- ☐ Type 4-Masonry non-combustible
- ☐ Type 5-Modified fire resistive
- ☐ Type 6-Fire resistive

Building Protection: (Check all that apply)
- ☐ Local Alarm
- ☐ Central Station Alarm
- ☐ Burglar Alarm
- ☐ Fire Extinguishers
- ☐ Sprinklers (_____%)
- ☐ Heat Detection
- ☐ Smoke Detection
- ☐ Motion Detection
- ☐ Security Guard/Service
- ☐ Cameras
- ☐ Full Intrusion Perimeter Alarm
- ☐ Other: ________________

Own/Lease:	Building Info:		Year:	Updated/Inspected	Additional Occupancies
☐ Own	Number of Stories:	______	Roof:	________/________	________________
☐ Lease	Building Sq. Ft.:	______	Plumbing:	________/________	________________
	Sq. Ft. You Occupy:	______	Wiring:	________/________	________________
	Year Built:	______	HVAC:	________/________	________________

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- ☐ Heat Detection
- ☐ Smoke Detection
- ☐ Motion Detection
- ☐ Security Guard/Service
- ☐ Cameras
- ☐ Full Intrusion Perimeter Alarm
- ☐ Other: ________________

Own/Lease:	Building Info:		Year:	Updated/Inspected	Additional Occupancies
☐ Own	Number of Stories:	______	Roof:	________/________	________________
☐ Lease	Building Sq. Ft.:	______	Plumbing:	________/________	________________
	Sq. Ft. You Occupy:	______	Wiring:	________/________	________________
	Year Built:	______	HVAC:	________/________	________________

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CRIME

Please list anyone who has access to / handles the funds:

Name: ______________________ Title: ______________________

Name: ______________________ Title: ______________________

Name: ______________________ Title: ______________________

Name: ______________________ Title: ______________________

Name: ______________________ Title: ______________________

EMPLOYERS LIABILITY

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: ______________________ Policy Number: ______________________

Policy Period: ______________________

Employers Liability (Coverage B) Limits: $ ____________ Bodily Injury by Accident ($100,000 min)

$ ____________ Bodily Injury by Disease ($100,000 min)

$ ____________ BI by Disease Policy Limit ($500,000 min)

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

PLEASE COMPLETE THE FOLLOWING REQUIRED RENEWAL INFORMATION

Are any building or BPP changes to be made to the renewal policy? ☐ Yes ☐ No

Are any vehicle additions or deletions to be made to the renewal policy? ☐ Yes ☐ No

Are any Agreed Value changes to be made to the renewal policy? ☐ Yes ☐ No

Are any interest changes to be made to the renewal policy? ☐ Yes ☐ No

Are any watercraft additions or deletions to be made to the renewal policy? ☐ Yes ☐ No

Are any aircraft/drone additions or deletions to be made to the renewal policy? ☐ Yes ☐ No

If yes to any of the above, please attach a change request.

Is alcohol sold or served at any time throughout the year? ☐ Yes ☐ No (**If yes, please complete and attach the liquor supplement.)**

Does the insured carry Workers Compensation coverage? ☐ Yes ☐ No

Are all paid and volunteer staff covered by Worker's Compensation coverage? ☐ Yes ☐ No

If no, explain: ____

If you would like to receive a quote for Accident & Sickness Insurance please complete the Accident & Sickness Application which can be downloaded from our website at: http://www.mcneilandcompany.com/mcneil.aspx?page=forms#esip