



Office Use Only
ATN:
ICMS No.:

**APPLICATION FOR NEW YORK VOLUNTEER FIREFIGHTERS'
 BENEFIT LAW AND EMPLOYERS' LIABILITY INSURANCE**

Application is hereby made to NYSIF for a policy insuring the applicant's liability for the payment of benefits to the applicant's volunteer firefighters under Chapter 64A of the Consolidated Laws of New York, known as the "Volunteer Firefighters' Benefit Law." Applicant understands that no liability shall attach to NYSIF under this application and that insurance shall not be effective unless and until this application is accepted by NYSIF as evidenced by the inception date indicated in a policy, the terms and provisions of which will be binding upon applicant. Applicant further understands that a policy of insurance issued pursuant to this application will not extend coverage under Workers' Compensation Law or Volunteer Ambulance Workers' Benefit Law; any liability of the applicant under such laws to employees, executives or others must be separately insured under a Workers' Compensation insurance policy or Volunteer Ambulance Workers' Benefit Law policy for which separate applications must be submitted.

PLEASE PRINT OR TYPE.

1. Requested effective date of insurance, 12:01 a.m., Eastern Standard Time: _____
2. Full name of applicant: _____
- 2a. Federal Tax ID: _____ NYS Unemployment ID: _____
3. Applicant is: County Town Village Fire District City
 Other Specify: _____

For the purpose of serving notice, the insured agrees that this address shall be considered the business address of this applicant or any representative upon whom notice may be served.

4. Mailing Address: _____
 Telephone: _____ Fax: _____ Email: _____
5. List the names and locations of all fire companies and/or fire departments within the applicant's boundaries.

6. List all elected or appointed officers of the applicant; if there are no elected or appointed officers, list members of Governing Board.

Name	Title	Home Address

7. Contact information of insurance representative, if any.
 Name: _____ Company: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____ Email: _____
8. Residential population of the fire-protection area to be covered: _____

9. List separately the population of each & every outside area for which the applicant has agreed to provide protection under a fire-protection contract; if there are no outside areas protected pursuant to contract, write "none."

Name of Outside Area	Population

10. The population figures provided above are based on: US Census (If Census, what year?) _____
 Tax Rolls Other, Specify: _____

11. Previous insurance company:

Name, Address	Policy Number	Policy Period	Number of accidents	Reason for cancellation

12. Has any insurance company declined to offer coverage to you during the last 12 months? Yes No
 If yes, why was coverage declined? _____

13. If known, please enter your latest experience modification factor and effective rating date:
 Experience Modification Factor: _____ Effective Rating Date: _____

14. Do you have any paid employees? Yes No
 If yes, name of your workers' comp insurance company: _____ Pol Number: _____

15. If applicant is a fire district, are fire district officers & employees covered for benefits under a workers' comp insurance policy? Yes No Please explain: _____

Section 54-6a of the Workers' Compensation Law requires a fire district to provide workers' compensation coverage for its officers and employees whether or not such persons are paid for their services. This policy, when issued, will not afford coverage for workers' compensation benefits for fire district officers or employees. A separate workers' comp policy is needed for such coverage.

16. This item only applies if applicant is providing group insurance pursuant to § 32 of the volunteer firefighters' benefit law. Please list and give the population of each city, town, etc., to be covered under group insurance:

Name of Outside Area	Population

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals, for the purpose of misleading, information concerning any facts material thereto, commits a fraudulent 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.

Print name: Authorized Officer

Signature & Title: Authorized Officer

Date

Mail your fully completed and signed application along with your deposit premium check to: