ESIP
EMERGENCY SERVICES INSURANCE PROGRAM
BY McNeil&Co.

PROPERTY/CASUALTY RENEWAL SURVEY

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Cortland, NY 13045
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mcneilandcompany.com

GENERAL INFORMATION

Date of survey: 12/30/2019 Renewal Date: 1/27/2020 Date proposal needed: _____

Legal Name of Organization: Williamson County Fire Marshal Special Operations
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

_____ FEIN: 74-6000978

Mailing Address: 3189 SE Inner Loop Georgetown, Texas 78626 County: Williamson

Website Address: www.wilco.org/departments/fire-marshal Phone #: 512-943-3679

Chief: Hank Jones Phone # 512-943-3679 E-Mail: hank.jones@wilco.org

Training Officer: Michael Wofford Phone # 512-943-3698 E-Mail: mwofford@wilco.org

Inspection Contact: Hank Jones Phone # _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact _____

Telephone: _____ Fax: _____ E-mail address: _____

OPERATIONS

Population served on a first-call basis: 547,000 Annual Revenue: NA

Employees/Volunteers:

Total number of career personnel: 4 Total number of emergency service volunteers: 0

Turn-over rate for career personnel: 0

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

Do you contract out any of your personnel? ☐ Yes ☒ No

If yes, please provide a copy of the contract.

Emergency Operations: ☐ N/A

Annual Fire/Rescue Calls 120

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

Non-Emergency Ambulance Calls NA **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? ☐ Yes ☒ No

If yes, please complete a Dispatch Supplement form.

Highest Level of EMS services provided?

☐ Advanced Life Support ☐ Basic Life Support ☒ No EMS

OPERATIONS (CONTINUED)

Stretcher Information:

Type	Brand	Number Used
X-Frame	☐ Ferno ☐ Stryker Other:	
Power Cot	☐ Ferno ☐ Stryker Other:	
Bariatric Cot	☐ Ferno ☐ Stryker Other:	
Other	☐ Ferno ☐ Stryker Other:	

Does your service have a mandatory lift assist policy? ☐ Yes ☐ No

Please indicate the type of straps used to secure patients? ☐ 2-point ☐ 3-point ☐ 5-point

Are all bariatric patients transported using a bariatric cot? ☐ Yes ☐ No

Are two transport teams used to transport all bariatric patients? ☐ Yes ☐ No

Wheelchair Information: ☐ Not Applicable

Do all your wheelchairs meet the WC19 standard? ☐ Yes ☐ No

Do all your wheelchair tie downs and lap belts meet the WC18 standard? ☐ Yes ☐ No

What type of tie downs are utilized for the patient? ☐ 4 point ☐ Strap ☐ Docking

Is a wheelchair checklist mandatory for all drivers to utilize? ☐ Yes ☐ No

Are wheelchair reminder stickers inside the vans? ☐ Yes ☐ No

How often are wheelchair van drivers required to complete training? ☐ Annually ☐ Bi-Annually ☐ Remedial ☐ Other _____

RENEWAL INSTRUCTIONS

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

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

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

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

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

Are there 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, please 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

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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:** _____

(To be signed by someone who does not have access to funds)

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

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